CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 722	**Date: June 18, 2010**
	Change Request 6942

Transmittal 681 dated April 28, 2010, is being rescinded and replaced by Transmittal 722, dated June 18, 2010. There are changes to Attachment B only. These changes were requested by the shared systems maintainers. All other information remains the same.

SUBJECT: Requirement for Submission of Shared Systems Data to the Integrated Data Repository (IDR)

I. SUMMARY OF CHANGES: CR 5949, transmittal 54 dated October 1, 2008, provided requirements for submission of shared systems data to the IDR. This CR provides for additional interactions between CMS and contractors to more fully define operational requirements for the submission.

EFFECTIVE DATE: *October 1, 2010
IMPLEMENTATION DATE: October 4, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One Time Notification

Pub. 100-20	Transmittal: 722	Date: June 18, 2010	Change Request: 6942

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SUBJECT: Requirement for Submission of Shared Systems Data to the Integrated Data Repository (IDR)

EFFECTIVE DATE: October 1, 2010

IMPLEMENTATION DATE: October 4, 2010

I. GENERAL INFORMATION

A. Background: The CMS' fraud investigation landscape is significantly different today than in the past as a result of program changes, such as the implementation of the Medicare Prescription Drug benefit, competitive selection of contractors responsible for claims administration and program integrity, such as Medicare Administrative Contractors (MACs) and Program Safeguard Contractors (PSCs)/Zoned Program Integrity Contractors (ZPICs), expansion of Medi-Medi and Recovery Audit Contractor (RAC) programs, and advent of the Medicaid Integrity Program (MIP). CMS recognizes the need to significantly enhance the use of technology to improve its collaborative fraud fighting efforts as well as to establish a modernized data analysis capability for all of Program Integrity.

Today, PSCs/ZPICs have built their own data warehouses and/or avenues for collecting, processing, analyzing data which serves their own individual needs. These distributed, regional approaches to data analysis do not lend themselves to national analyses, do not represent best practices, and do not take advantage of the cost savings that a centralized data repository would provide. All of these functions can be better served through a comprehensive set of common data structures and modern tools that encourage collaboration and innovation.

The IDR goal – through incremental releases – is to be the centralized data repository for all Medicare data. The PSCs/ZPICs cannot currently use the IDR exclusively because the source of claims data is the National Claims History (NCH). The limited NCH data record is inadequate to support the extensive fraud, waste and abuse investigations that need to be performed by PSCs. The Shared Systems data are the required data source for Program Integrity. Once the IDR has the required Shared Systems data, Program Integrity and their contractors will increase their ability to detect potential fraud, waste and abuse.

CR 5949, transmittal 54 dated October 1, 2008, provided requirements for submission of shared systems data to the IDR. This CR provides for additional interactions between CMS and contractors to more fully define operational requirements for the submission.

B. Policy: Pub 100-01 Chapter 7 Section 90 requires the submission of shared systems data to the IDR.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)

		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6942.1	On a one-time basis for the initial history load, all maintainers shall provide an electronic file of claims beginning with the Claim Thru Service Date of October 1, 2005, through the date of the first daily claim file submission of all data fields for all claims identified in the IDR Lifecycle Phases that CR 5949 requires. This requirement amends requirements 5949.1 through 5949.3 for FISS, 5949.17 through 5949.19 for MCS, and 5949.33 through 5949.35 for VMS.	X	X	X	X	X	X	X	X		
6942.2	Shared systems maintainers shall work with CMS to expand and correct the data definitions for items in files that CR 5949 requires. Current definitions are provided in Attachment A.						X	X	X		CMS
6942.3	Each MAC, fiscal intermediary (FI), carrier, Regional Home Health Intermediaries (RHHIs), and Enterprise Data Center (EDC) shall appoint a Point of Contact (POC) to work with CMS to finalize requirements 6942.3 through 6942.6.	X	X	X	X	X					EDCs CMS
6942.3.1	The POC shall participate in weekly teleconferences of one hour duration beginning no later than May 1, 2010 and continuing through final implementation of the requirements of this CR and CR 5949.	X	X	X	X	X					EDCs CMS
6942.3.1.1	Shared systems maintainers are invited but not required to attend conference calls. CMS shall send invitations for the calls to shared systems maintainers.						X	X	X		
6942.4	MACs, FIs, carriers, RHHIs, Contractor Data Centers (CDCs), and EDCs shall work with CMS to finalize instructions for file submission.	X	X	X	X	X					EDCs CDCs CMS
6942.4.1	The naming convention for submitted files shall be P#EFT.IN.SS###.**WWWWW Where: ### - FSS, VMS, MCS ** - P1 = Phase I P2 = Phase II P3 = Phase III CH = Change File CM = CMN	X	X	X	X	X					EDCs CDCs CMS

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	WWWWW – Workload ID or System ID for FISS DYYMMDD.THHMMSST – The EFT process will append date and timestamp to the filename. The time inserted will be Eastern Standard Time.										
6942.5	MACs, FIs, carriers, RHHIs, CDCs, and EDCs shall work with CMS to finalize the schedule for submission of the initial history load that CR 5949 requires.	X	X	X	X	X					EDCs CDCs CMS
6942.6	MACs, FIs, carriers, RHHIs, CDCs, and EDCs shall work with CMS to finalize the schedule for submission of the electronic file of claims that CR 5949 requires on a daily basis.	X	X	X	X	X					EDCs CDCs CMS
6942.7	CMS shall reject files that fail validation edits run against files submitted in compliance with CR 5949.										CMS
6942.7.1	MACs, FIs, carriers, RHHIs, CDCs, and EDCs shall work with CMS to finalize procedures to replace files that fail the validation edits.	X	X	X	X	X					EDCs CDCs CMS
6942.7.2	CMS shall send to the POC through email automated notification of files that fail the validation edits of files sent to the CMS in compliance with CR 5949.	X	X	X	X	X					EDCs CDCs CMS
6942.8	Shared systems maintainers shall work with CMS to develop standard headers and trailers for all file submissions that CR 5949 requires.						X	X	X		CMS
6942.8.1	See attachment B for the initial proposal for headers and trailers. The initial proposal shall be discussed and finalized as part of the conference calls required in BR 6942.3.1						X	X	X		CMS
6942.9	Shared systems maintainers shall ensure that the file layouts defined for each shared system in compliance with CR 5949 are specific to the requirements of CR						X	X	X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	5949 and are not dependent on other CMS requirements.										
6942.10	The FISS maintainer shall provide the check number on the IDR Phase III claims for the history file.						X				
6942.11	The FISS maintainer shall provide the check number on the IDR Phase III claims for the daily feeds.						X				
6942.12	The shared systems maintainers shall work with CMS to establish procedures to provide all documentation for changes that occur in the claim record, whether it is at the individual contractor level or a CMS release level. This requirement concerns CR 5949, specifically BRs 5949.16, 5949.32, and 5949.48.						X	X	X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	None

Section B: For all other recommendations and supporting information, use this space: None

V. CONTACTS

Pre-Implementation Contact(s): Patricia Appling, 410-786-1814, Patricia.Appling@cms.hhs.gov or John Stewart, 410-786-1189, John.Stewart@cms.hhs.gov

Post-Implementation Contact(s): Patricia.Appling, 410-786-1814, Patricia.Appling@cms.hhs.gov or John Stewart, 410-786-1189, John.Stewart@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers*

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs),*

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachments

ATTACHMENT A – FISS FILE LAYOUT

1.1 FSSCIDRR Record Layout

Table 1: FISS – FSSCIDRR Record Layout

Start	End	Field Name	Type	Length	Description
1	27996	FSSCIDRP-CLAIM-RECORD		27996	
1	10537	5 FSSCIDRP-CLAIM-SEGMENT	GROUP	10537	
1	267	10 FSSCIDRP-SUMMARY-DATA	GROUP	267	
1	37	15 FSSCIDRP-CLMS-KEY	GROUP	37	
1	12	20 FSSCIDRP-HIC-NO	X(12)	12	Health Insurance Claim Number
13	35	20 FSSCIDRP-DCN	GROUP	23	Document Control Number
13	13	25 FSSCIDRP-DCN-PLAN-CD	X	1	Code used to indicate the century the DCN was established. 1 is used for 1900-1999 dates, 2 is used for 2000 and after dates. This field may also be user defined as needed.
14	18	25 FSSCIDRP-DCN-JULIAN	GROUP	5	The Julian date the claim was established.
14	15	30 FSSCIDRP-DCN-YR	99	2	The year for the batch in which this claim was established. This is a two-digit field.
16	18	30 FSSCIDRP-DCN-JUL-DT	999	3	Julian date on which the Document Control Number (DCN) was assigned through Batch Entry. This is a three-digit field.
19	22	25 FSSCIDRP-DCN-BTCH-NBR-X	GROUP	4	
19	22	30 FSSCIDRP-DCN-BTCH-NBR	9(4)	4	The batch sequence number as assigned by the system through Batch Entry ranges '0000' - '9999'. This is a four-digit field.
23	24	25 FSSCIDRP-DCN-CLM-SEQ-NBR	99	2	The claim sequence number as assigned by the system through Batch Entry ranges '00' - '99'. This is a two-digit field.
25	25	25 FSSCIDRP-DCN-SPLIT-	X	1	The site-specific field used

Start	End	Field Name	Type	Length	Description
		CD			on split bills.
26	26	25 FSSCIDRP-DCN-ORIG-CD	X	1	The code designating the method by which the claim entered the system Value Description 0 Unknown. 1 EMC/UB92/HCFA Format. 2 EMC Tape/UB92/Other. 3 EMC Tape/Other (Other is defined as PRO Automated adjustment for FISS). 4 EMC Telecom/UB92 (DDE Claim). 5 EMC Telecom/Not UB92. 6 Other EMC/UB92. 7 Other EMC/Not UB92. 8 UB92 hard copy. 9 Other hard copy.
27	29	25 FSSCIDRC-DCN-BSI	XXX	3	Provider's business segment.
30	30	25 FSSCIDRP-DCN-FUTURE	X	1	Filler for future use.
31	33	25 FSSCIDRP-DCN-FUTURE2	XXX	3	Filler for future use.
34	35	25 FSSCIDRP-DCN-SITE-ID	XX	2	The field populated when field ‘Use Site Processing’ on the Site Control record is set to Y.
36	37	20 FSSCIDRP-TRAILER-SEQ	99	2	Record number 00 for first record 1-27 for additional revenue line data.
38	38	15 FSSCIDRP-COMPRESS-IND	X	1	Indicates if record is compressed or not; will be U on all IDR records.
39	40	15 FSSCIDRP-PHYS-LENGTH	XX	2	Physical length of the claim.
41	46	15 FSSCIDRP-CURR-STATUS-LOC	GROUP	6	
41	41	20 FSSCIDRP-CURR-STATUS	X	1	The condition of the claim (e.g., good, suspended, inactive).
42	46	20 FSSCIDRP-CURR-LOCATION	GROUP	5	Where the claim resides in the system.
42	42	25 FSSCIDRP-CURR-LOC-1	X	1	Processing location type (manual, offline, batch).
43	46	25 FSSCIDRP-CURR-LOC-2	X(4)	4	Location within type.

Start	End	Field Name	Type	Length	Description
47	59	15 FSSCIDRP-MEDA-PROV-ID	GROUP	13	Provider number.
47	52	20 FSSCIDRP-MEDA-PROV-6	GROUP	6	Provider number.
47	48	25 FSSCIDRP-PROV-STATE-CD	XX	2	First two positions of provider number are a numeric state code.
49	52	25 FSSCIDRP-PROV-ID	GROUP	4	3rd through 6th positions of the provider number.
49	49	30 FSSCIDRP-PROV-TYP-FACIL-CD	X	1	Provider facility type.
50	51	30 FILLER	XX	2	Positions 4 and 5 of the provider number.
52	52	30 FSSCIDRP-PROV-EMER-IND	X	1	Position 6 of the provider number.
53	55	20 FSSCIDRP-PROV-DEPT-ID	XXX	3	Not used by FISS.
56	59	20 FILLER	X(4)	4	Not used by FISS.
60	267	15 FSSCIDRP-OTHER-SUMMARY-DATA	GROUP	208	
60	60	20 FSSCIDRP-UB04-FILLER-F1	X	1	Filler are for future expansion of Bill type cd.
61	63	20 FSSCIDRP-BILL-TYP-CD	GROUP	3	The type of facility, bill classification, and frequency of the claim in a particular period of care.
61	62	25 FSSCIDRP-BILL-CATEGORY	GROUP	2	The type of claims in specific locations by the first two positions of the claim bill type.
61	61	30 FSSCIDRP-LOB-CD	9	1	Indicates the type of facility.
62	62	30 FSSCIDRP-SERV-TYP-CD	9	1	Indicates the bill classification.
63	63	25 FSSCIDRP-FREQ-CD	X	1	Indicates the bill frequency.
64	64	20 FSSCIDRP-UB04-FILLER-F2	X	1	Filler is for future expansion.
65	72	20 FSSCIDRP-RECD-DT-CYMD	GROUP	8	Receipt date of the claim.
65	66	25 FSSCIDRP-RECD-DT-CC	99	2	Receipt date of the claim.
67	72	25 FSSCIDRP-RECD-DT	GROUP	6	Receipt date of the claim.
67	68	30 FSSCIDRP-RECD-YR	99	2	Receipt date of the claim.
69	70	30 FSSCIDRP-RECD-MO	99	2	Receipt date of the claim.
71	72	30 FSSCIDRP-RECD-DY	99	2	Receipt date of the claim.
73	80	20 FSSCIDRP-CURR-TRAN-DT-CYMD	GROUP	8	Last transaction date.
73	74	25 FSSCIDRP-CURR-TRAN-	99	2	Last transaction date.

Start	End	Field Name	Type	Length	Description
		DT-CC			
75	80	25 FSSCIDRP-CURR-TRAN-DT	GROUP	6	Last transaction date.
75	76	30 FSSCIDRP-CURR-TRAN-YR	99	2	Last transaction date.
77	78	30 FSSCIDRP-CURR-TRAN-MO	99	2	Last transaction date.
79	80	30 FSSCIDRP-CURR-TRAN-DY	99	2	Last transaction date.
81	88	20 FSSCIDRP-PAID-DT-CYMD	GROUP	8	Paid date.
81	82	25 FSSCIDRP-PAID-DT-CC	99	2	Paid date.
83	88	25 FSSCIDRP-PAID-DT	GROUP	6	Paid date.
83	84	30 FSSCIDRP-PAID-YR	99	2	Paid date.
85	86	30 FSSCIDRP-PAID-MO	99	2	Paid date.
87	88	30 FSSCIDRP-PAID-DY	99	2	Paid date.
89	96	20 FSSCIDRP-ADM-DATE-CYMD	GROUP	8	Admission date.
89	90	25 FSSCIDRP-ADM-DATE-CC	99	2	Admission date.
91	96	25 FSSCIDRP-ADM-DATE	GROUP	6	Admission date.
91	92	30 FSSCIDRP-ADM-DATE-YY	99	2	Admission date.
93	94	30 FSSCIDRP-ADM-DATE-MO	99	2	Admission date.
95	96	30 FSSCIDRP-ADM-DATE-DD	99	2	Admission date.
97	104	20 FSSCIDRP-STMT-COV-FROM-DT-CYMD	GROUP	8	From date.
97	98	25 FSSCIDRP-STMT-COV-FROM-DT-CC	99	2	From date.
99	104	25 FSSCIDRP-STMT-COV-FROM-DT	GROUP	6	From date.
99	100	30 FSSCIDRP-STMT-COV-FROM-YR	99	2	From date.
101	102	30 FSSCIDRP-STMT-COV-FROM-MO	99	2	From date.
103	104	30 FSSCIDRP-STMT-COV-FROM-DY	99	2	From date.
105	112	20 FSSCIDRP-STMT-COV-TO-DT-CYMD	GROUP	8	To date.
105	106	25 FSSCIDRP-STMT-COV-TO-DT-CC	99	2	To date.
107	112	25 FSSCIDRP-STMT-COV-TO-DT	GROUP	6	To date.
107	108	30 FSSCIDRP-STMT-COV-TO-YR	99	2	To date.

Start	End	Field Name	Type	Length	Description
109	110	30 FSSCIDRP-STMT-COV-TO-MO	99	2	To date.
111	112	30 FSSCIDRP-STMT-COV-TO-DY	99	2	To date.
113	125	20 FSSCIDRP-TOTALS	GROUP	13	Total amount charged.
113	125	25 FSSCIDRP-TOTAL-CHARGE-AMOUNT	9(9).99-	13	Total amount charged.
126	126	20 FSSCIDRP-TAPE-TO-TAPE-IND	X	1	The valid values are the flag indicators across the top of the chart. Each indicator instructs the system to either perform or skip each of the five functions listed on the left of the chart. The first indicator column represents a blank. If this field is blank, all functions are performed (as indicated on the chart). Function ' ' J O Q R S T U V W X Y Z Transmit To CWF Y N N N N Y Y Y Y Y N N N Print On Remittance Y Y N Y Y Y N N Y N Y Y N Include On PS & R Y Y Y N N N N N Y Y Y Y N Include On Workload Y Y Y Y N Y Y N N Y Y N N Bypass All Dupe edits N Y N N N N N N N N Y N N
127	127	20 FSSCIDRP-POST-PAY-IND	X	1	Value Description blank: not in post pay development. C: post pay development completed. Y: active post pay development occurring.
128	135	20 FSSCIDRP-CANCEL-DATE-CYMD	GROUP	8	Cancel date of the claim.
128	129	25 FSSCIDRP-CANCEL-DATE-CYMD-CC	99	2	Cancel date of the claim.
130	135	25 FSSCIDRP-CANCEL-DATE	GROUP	6	Cancel date of the claim.
130	131	30 FSSCIDRP-CANCEL-DATE-YY	99	2	Cancel date of the claim.
132	133	30 FSSCIDRP-CANCEL-DATE-MM	99	2	Cancel date of the claim.
134	135	30 FSSCIDRP-CANCEL-	99	2	Cancel date of the claim.

Start	End	Field Name	Type	Length	Description
		DATE-DD			
136	136	20 FSSCIDRP-AHHSM-PASS-IND	X	1	
137	137	20 FSSCIDRP-CLEAN-IND	X	1	Identifies whether interest is to be paid on the claim if the claim is not paid within the mandated payment timeframe.
138	142	20 FSSCIDRP-PP-REASON-CODE	X(5)	5	The five position post pay location of b75xx if the reason code is to send a claim to the post pay driver for post pay developmental activities. Leave blank if this is not applicable.
143	143	20 FSSCIDRP-USER-ACTION-CODE	X	1	To be used for Medical Review and Reconsiderations only. Value Description 5 Generates systematically from the reason code file to identify claims for which special procession is required. C Full medical provider liability, subject to waiver provisions. D Full beneficiary liability, subject to waiver provisions. G Full technical provider liability, subject to waiver provisions. I Full medical provider liability, not subject to waiver provisions. J Full technical provider liability, not subject to waiver provisions. K Full provider liability, not subject to waiver provisions.
144	144	20 FSSCIDRP-UNIFORM-BILL-CD	X	1	The code indicating the mode of claim submission.
145	149	20 FSSCIDRP-REJECT-CD	X(5)	5	The reason code that identifies why the claim is being denied.

Start	End	Field Name	Type	Length	Description
150	150	20 FSSCIDRP-ROUTING-UBC	X	1	The system used the routing UBC field to determine whether or not to route claims to the hard copy Status/Location entered on the Reason Code File or the EMC Status/Location codes 0, 4 and 8 route as hard copy claims. All other codes route as EMC.
151	155	20 FSSCIDRP-PRIMARY-REASON	X(5)	5	This is the first of a possible ten reason codes assigned to a claim.
156	160	20 FSSCIDRP-CWF-RECYCLE-JUL-DT	X(5)	5	Reflects the Julian date of the last recycled transmission to CWF.
161	173	20 FSSCIDRP-PVDR-FINAL-SETTLEMENT	9(9).99-	13	Capture reimbursement for RTS in the summary portion of the claim record (not displayed online). This field represents the provider final settlement (fsscclms-pvdr-final-settlement.
174	174	20 FSSCIDRP-PRIMARY-PAYER-CODE	X	1	Primary payer code: Values: 1 MEDICAID 2 BLUE CROSS 3 OTHER 4 NONE A WORKING AGED B END STAGE RENAL DISEASE (ESRD) BENEFICIARY IN 12 MONTH COORDINATION PERIOD WITH AN EGHP (EMPLOYER GROUP HEALTH PLAN) C CONDITIONAL PAYMENT D AUTO NO-FAULT E WORKERS COMPENSATION F PUBLIC HEALTH SERVICE OR OTHER FEDERAL AGENCY; G DISABLED H BLACK LUNG I VETERANS ADMINISTRATION L LIABILITY Z MEDICARE
175	175	20 FSSCIDRP-UB04-FILLER-F3	X	1	Filler for future use
176	178	20 FSSCIDRP-SUBMITTED-	GROUP	3	Type of bill submitted on

Start	End	Field Name	Type	Length	Description
		TOB			the claim.
176	177	25 FSSCIDRP-SUBMITTED-CAT	XX	2	Save area for original bill category when TOB changes.
178	178	25 FSSCIDRP-SUBMITTED-FREQ	X	1	Save area for original bill frequency code when TOB changes.
179	179	20 FSSCIDRP-UB04-FILLER-F4	X	1	Filler for future use.
180	180	20 FSSCIDRP-UB-82-92	X	1	Identifies the type of claims to be processed in this batch Value Description A UB-04 (Hardcopy Claims) 8 UB82 9 UB92
181	181	20 FSSCIDRP-RECON-IND	X	1	RECONSIDERATION INDICATOR - This field is used only for home health claims.
182	182	20 FSSCIDRP-CHOICES-CLAIM	X	1	The demonstration in which the beneficiary is participating. Value Description D Home Health Daycare E ESRD H Home Health Homebound L Low Vision Rehabilitation P Plan Submitted Encounter Data T Trial 49 V Veterans Administration (VA) Y Choices
183	183	20 FSSCIDRP-FULL-PART-DEN-IND	X	1	Indicates whether a claim was fully or partially denied.
184	190	20 FSSCIDRP-ADMIT-DIAG-CODE	X(7)	7	Identifies the diagnosis code describing the inpatient condition at the time of the admission.
191	198	20 FSSCIDRP-PRINCIPLE-DIAG-CODE	GROUP	8	Identifies the icd-9-cm code(s) describing the principal diagnosis (first code).
191	196	25 FSSCIDRP-PRINCIPLE-	X(6)	6	Identifies the icd-9-cm

Start	End	Field Name	Type	Length	Description
		DIAG			code(s) describing the principal diagnosis (first code).
197	197	25 FSSCIDRP-ICD10-FILLER-F1	X	1	Filler for future use.
198	198	25 FSSCIDRP-ICD10-FILLER-F2	X	1	Filler for future use.
199	200	20 FSSCIDRP-NON-PAY-IND	XX	2	Identify the reason for Medicare's decision not to make payment Value Description B Benefits exhausted C Non-Covered Care (discontinued) E First Claim Development (Contractor 11107) F Trauma Code Development (Contractor 11108) G Secondary Claims Investigation (Contractor 11109) H Self Reports (Contractor 11110) J 411.25 (Contractor 11111) K Insurer Voluntary Reporting (Contractor 11106) N All other reasons for non-payment P Payment requested Q MSP Voluntary Agreements (Contractor 88888) Q Employer Voluntary Reporting (Contractor 11105) R Spell of illness benefits refused, certification refused, failure to submit evidence, provider responsible for not filing timely, or Waiver of Liability T MSP Initial Enrollment Questionnaire (Contractor 99999) T MSP Initial Enrollment

Start	End	Field Name	Type	Length	Description
					Questionnaire (Contractor 11101) U MSP HMO Cell Rate Adjustment (Contractor 55555) U HMO/Rate Cell (Contractor 11103) V MSP Litigation Settlement (Contractor 33333) V Litigation Settlement (Contractor 11104) W Workers Compensation X MSP cost avoided Y IRS SSA Data Match Project MSP Cost Avoided (Contractor 77777) Y IRS/SSA HCFA Data Match Project Cost Avoided (Contractor 11102) Z System set for type of bills 322 and 332, containing dates of service 10/01/00 or greater and submitted as an MSP primary claim. This code allows the FISS to process the claim to CWF and allows CWF to accept the claim as billed. 00 COB Contractor (Contractor 11100) 12 Blue Cross - Blue Shield Voluntary Agreements (Contractor 11112) 13 Office Of Personnel Management (OPM) Data Match (Contractor 11113) 14 Workers' Compensation (WC) Data Match (Contractor 11114) 15 Workers Compensation Insurer Voluntary Data Sharing Agreements (WC VDSA) 16 Liability Insurer VDSA (Contractor 11116) 17 No-Fault Insurer VDSA

Start	End	Field Name	Type	Length	Description
					(Contractor 11117) 18 Pharmacy Benefit Manager Data Sharing Agreement (Contractor 11118) 25 Recovery Audit Contractor MSP (California) (Contractor 11125) 26 Recovery Audit Contractor MSP (Florida) (Contractor 11126)
201	202	20 FSSCIDRP-ORIGINAL-UAC	GROUP	2	Group level identifier for user action code.
201	201	25 FSSCIDRP-ORIG-UAC	X	1	Identifies the original user action code.
202	202	25 FSSCIDRP-ORIG-RECON-UAC	X	1	Identifies the second position of the user action code. The reconsideration user action code will always be 'R'.
203	203	20 FSSCIDRP-SUMM-SUPPRESS-IND	X	1	
204	204	20 FSSCIDRP-HH-SPLIT-IND	X	1	Used to identify Home Health claims after 9/31/00 Value Description F Final. R Rap.
205	207	20 FSSCIDRP-PHYS-REV-RECS	999	3	The number of revenue - IDRR, records.
208	210	20 FSSCIDRP-LINES-TOTAL	999	3	Actual or physical number of revenue lines on a claim.
211	213	20 FSSCIDRP-LINES	999	3	The number of revenue lines on a record.
214	221	20 FSSCIDRP-PROCESS-DT-CYMD	GROUP	8	The process date of the claim.
214	215	25 FSSCIDRP-PROCESS-DT-CC	99	2	The process date of the claim.
216	221	25 FSSCIDRP-PROCESS-DT	GROUP	6	The process date of the claim.
216	217	30 FSSCIDRP-PROCESS-YR	99	2	The process date of the claim.
218	219	30 FSSCIDRP-PROCESS-MO	99	2	The process date of the claim.
220	221	30 FSSCIDRP-PROCESS-DY	99	2	The process date of the claim.
222	231	20 FSSCIDRP-NPI-NUMBER	9(10)	10	National Provider ID

Start	End	Field Name	Type	Length	Description
232	232	20 FSSCIDRP-TRANSACT-TYPE	X	1	Identifies an adjustment as either a debit or credit record. This is a one-position alphanumeric field. The valid values are: 'D' Debit 'C' Credit.
233	233	20 FSSCIDRP-SUPPRESS-VIEW	X	1	
234	236	20 FSSCIDRP-DRG-CD	XXX	3	Diagnosis Related Group Code
237	267	20 FSSCIDRP-SUMMARY-FUTURE	X(31)	31	Filler for future use.
268	567	10 FSSCIDRP-PAYERS-ID-TABLE	GROUP	300	
268	367	15 FSSCIDRP-PAYERS-ID-DATA(1)	GROUP	100	High level group field that contains payer ID and name information.
268	268	20 FSSCIDRP-PAYERS-ID(1)	X	1	Identifies the type of payer for the next claim.

1.2 FSSCIDRR Record Layout

Table 2: FISS – FSSCIDRR Record Layout

Start	End	Field Name	Type	Length
1	27996	FSSCIDRR-CLAIM-RECORD	GROUP	27996
1	267	5 FSSCIDRR-CLAIM-SEGMENT	GROUP	267
1	267	10 FSSCIDRR-SUMMARY-DATA	GROUP	267
1	37	15 FSSCIDRR-CLMS-KEY	GROUP	37
1	12	20 FSSCIDRR-HIC-NO	X(12)	12
13	35	20 FSSCIDRR-DCN	GROUP	23
13	13	25 FSSCIDRR-DCN-PLAN-CD	X	1
14	18	25 FSSCIDRR-DCN-JULIAN	GROUP	5
14	15	30 FSSCIDRR-DCN-YR	99	2
16	18	30 FSSCIDRR-DCN-JUL-DT	999	3
19	22	25 FSSCIDRR-DCN-BTCH-NBR-X	GROUP	4
19	22	30 FSSCIDRR-DCN-BTCH-NBR	9(4)	4
23	24	25 FSSCIDRR-DCN-CLM-SEQ-NBR	99	2
25	25	25 FSSCIDRR-DCN-SPLIT-CD	X	1
26	26	25 FSSCIDRR-DCN-ORIG-CD	X	1
27	27	25 FSSCIDRR-DCN-FUTURE	X	1
28	33	25 FSSCIDRR-DCN-FUTURE2	X(6)	6
34	35	25 FSSCIDRR-DCN-SITE-ID	XX	2
36	37	20 FSSCIDRR-TRAILER-SEQ	99	2
38	38	15 FSSCIDRR-COMPRESS-IND	X	1

Start	End	Field Name	Type	Length
39	40	15 FSSCIDRR-PHYS-LENGTH	XX	2
41	46	15 FSSCIDRR-CURR-STATUS-LOC	GROUP	6
41	41	20 FSSCIDRR-CURR-STATUS	X	1
42	46	20 FSSCIDRR-CURR-LOCATION	GROUP	5
42	42	25 FSSCIDRR-CURR-LOC-1	X	1
43	46	25 FSSCIDRR-CURR-LOC-2	X(4)	4
47	59	15 FSSCIDRR-MEDA-PROV-ID	GROUP	13
47	52	20 FSSCIDRR-MEDA-PROV-6	GROUP	6
47	48	25 FSSCIDRR-PROV-STATE-CD	XX	2
49	52	25 FSSCIDRR-PROV-ID	GROUP	4
49	49	30 FSSCIDRR-PROV-TYP-FACIL-CD	X	1
50	51	30 FILLER	XX	2
52	52	30 FSSCIDRR-PROV-EMER-IND	X	1
53	55	20 FSSCIDRR-PROV-DEPT-ID	XXX	3
56	59	20 FILLER	X(4)	4
60	267	15 FSSCIDRR-OTHER-SUMMARY-DATA	GROUP	208
60	60	20 FSSCIDRR-UB04-FILLER-F1	X	1
61	63	20 FSSCIDRR-BILL-TYP-CD	GROUP	3
61	62	25 FSSCIDRR-BILL-CATEGORY	GROUP	2
61	61	30 FSSCIDRR-LOB-CD	9	1
62	62	30 FSSCIDRR-SERV-TYP-CD	9	1
63	63	25 FSSCIDRR-FREQ-CD	X	1
64	64	20 FSSCIDRR-UB04-FILLER-F2	X	1
65	72	20 FSSCIDRR-RECD-DT-CYMD	GROUP	8
65	66	25 FSSCIDRR-RECD-DT-CC	99	2
67	72	25 FSSCIDRR-RECD-DT	GROUP	6
67	68	30 FSSCIDRR-RECD-YR	99	2
69	70	30 FSSCIDRR-RECD-MO	99	2
71	72	30 FSSCIDRR-RECD-DY	99	2
73	80	20 FSSCIDRR-CURR-TRAN-DT-CYMD	GROUP	8
73	74	25 FSSCIDRR-CURR-TRAN-DT-CC	99	2
75	80	25 FSSCIDRR-CURR-TRAN-DT	GROUP	6
75	76	30 FSSCIDRR-CURR-TRAN-YR	99	2
77	78	30 FSSCIDRR-CURR-TRAN-MO	99	2
79	80	30 FSSCIDRR-CURR-TRAN-DY	99	2
81	88	20 FSSCIDRR-PAID-DT-CYMD	GROUP	8
81	82	25 FSSCIDRR-PAID-DT-CC	99	2
83	88	25 FSSCIDRR-PAID-DT	GROUP	6
83	84	30 FSSCIDRR-PAID-YR	99	2
85	86	30 FSSCIDRR-PAID-MO	99	2

Start	End	Field Name	Type	Length
87	88	30 FSSCIDRR-PAID-DY	99	2
89	96	20 FSSCIDRR-ADM-DATE-CYMD	GROUP	8
89	90	25 FSSCIDRR-ADM-DATE-CC	99	2
91	96	25 FSSCIDRR-ADM-DATE	GROUP	6
91	92	30 FSSCIDRR-ADM-DATE-YY	99	2
93	94	30 FSSCIDRR-ADM-DATE-MO	99	2
95	96	30 FSSCIDRR-ADM-DATE-DD	99	2
97	104	20 FSSCIDRR-STMT-COV-FROM-DT-CYMD	GROUP	8
97	98	25 FSSCIDRR-STMT-COV-FROM-DT-CC	99	2
99	104	25 FSSCIDRR-STMT-COV-FROM-DT	GROUP	6
99	100	30 FSSCIDRR-STMT-COV-FROM-YR	99	2
101	102	30 FSSCIDRR-STMT-COV-FROM-MO	99	2
103	104	30 FSSCIDRR-STMT-COV-FROM-DY	99	2
105	112	20 FSSCIDRR-STMT-COV-TO-DT-CYMD	GROUP	8
105	106	25 FSSCIDRR-STMT-COV-TO-DT-CC	99	2
107	112	25 FSSCIDRR-STMT-COV-TO-DT	GROUP	6
107	108	30 FSSCIDRR-STMT-COV-TO-YR	99	2
109	110	30 FSSCIDRR-STMT-COV-TO-MO	99	2
111	112	30 FSSCIDRR-STMT-COV-TO-DY	99	2
113	125	20 FSSCIDRR-TOTALS	GROUP	13
113	125	25 FSSCIDRR-TOTAL-CHARGE-AMOUNT	9(9).99-	13
126	126	20 FSSCIDRR-TAPE-TO-TAPE-IND	X	1
127	127	20 FSSCIDRR-POST-PAY-IND	X	1
128	135	20 FSSCIDRR-CANCEL-DATE-CYMD	GROUP	8
128	129	25 FSSCIDRR-CANCEL-DATE-CYMD-CC	99	2
130	135	25 FSSCIDRR-CANCEL-DATE	GROUP	6
130	131	30 FSSCIDRR-CANCEL-DATE-YY	99	2
132	133	30 FSSCIDRR-CANCEL-DATE-MM	99	2
134	135	30 FSSCIDRR-CANCEL-DATE-DD	99	2
136	136	20 FSSCIDRR-AHHSM-PASS-IND	X	1
137	137	20 FSSCIDRR-CLEAN-IND	X	1
138	142	20 FSSCIDRR-PP-REASON-CODE	X(5)	5
143	143	20 FSSCIDRR-USER-ACTION-CODE	X	1
144	144	20 FSSCIDRR-UNIFORM-BILL-CD	X	1
145	149	20 FSSCIDRR-REJECT-CD	X(5)	5
150	150	20 FSSCIDRR-ROUTING-UBC	X	1
151	155	20 FSSCIDRR-PRIMARY-REASON	X(5)	5
156	160	20 FSSCIDRR-CWF-RECYCLE-JUL-DT	X(5)	5
161	173	20 FSSCIDRR-PVDR-FINAL-SETTLEMENT	9(9).99-	13
174	174	20 FSSCIDRR-PRIMARY-PAYER-CODE	X	1

Start	End	Field Name	Type	Length
175	175	20 FSSCIDRR-UB04-FILLER-F3	X	1
176	178	20 FSSCIDRR-SUBMITTED-TOB	GROUP	3
176	177	25 FSSCIDRR-SUBMITTED-CAT	XX	2
178	178	25 FSSCIDRR-SUBMITTED-FREQ	X	1
179	179	20 FSSCIDRR-UB04-FILLER-F4	X	1
180	180	20 FSSCIDRR-UB-82-92	X	1
181	181	20 FSSCIDRR-RECON-IND	X	1
182	182	20 FSSCIDRR-CHOICES-CLAIM	X	1
183	183	20 FSSCIDRR-FULL-PART-DEN-IND	X	1
184	190	20 FSSCIDRR-ADMIT-DIAG-CODE	X(7)	7
191	198	20 FSSCIDRR-PRINCIPLE-DIAG-CODE	GROUP	8
191	196	25 FSSCIDRR-PRINCIPLE-DIAG	X(6)	6
197	197	25 FSSCIDRR-ICD10-FILLER-F1	X	1
198	198	25 FSSCIDRR-ICD10-FILLER-F2	X	1
199	200	20 FSSCIDRR-NON-PAY-IND	XX	2
201	202	20 FSSCIDRR-ORIGINAL-UAC	GROUP	2
201	201	25 FSSCIDRR-ORIG-UAC	X	1
202	202	25 FSSCIDRR-ORIG-RECON-UA	X	1
203	203	20 FSSCIDRR-SUMM-SUPPRESS-IND	X	1
204	204	20 FSSCIDRR-HH-SPLIT-IND	X	1
205	207	20 FSSCIDRR-PHYS-REV-RECS	999	3
208	210	20 FSSCIDRR-LINES-TOTAL	999	3
211	213	20 FSSCIDRR-LINES	999	3
214	221	20 FSSCIDRR-PROCESS-DT-CYMD	GROUP	8
214	215	25 FSSCIDRR-PROCESS-DT-CC	99	2
216	221	25 FSSCIDRR-PROCESS-DT	GROUP	6
216	217	30 FSSCIDRR-PROCESS-YR	99	2
218	219	30 FSSCIDRR-PROCESS-MO	99	2
220	221	30 FSSCIDRR-PROCESS-DY	99	2
222	231	20 FSSCIDRR-NPI-NUMBER	9(10)	10
232	232	20 FSSCIDRR-TRANSACT-TYPE	X	1
233	233	20 FSSCIDRR-SUPPRESS-VIEW	X	1
234	236	20 FSSCIDRR-DRG-CD	XXX	3
237	267	20 FSSCIDRR-SUMMARY-FUTURE	X(31)	31
268	27996	5 FSSCIDRR-LINES-SEGMENT	GROUP	27729
268	1294	10 FSSCIDRR-CLM-LINES(1)	GROUP	1027

ATTACHMENT A – MCS FILE LAYOUT

Pleae note that the follwong changes need to be made to the MCS format as part of discussions to finalize the format for headers, bodies, and trailers for the shared systems records:

CR34298 R2009200 Added field for 935 adjustment indicator at end of J trailer in header record.

CR33497/CMS CR6211 R2009300 Add Claim field 970 at the end of the J Trailer and Detail field 905 at the end of the SCF Audit Trailer Information for MSP Action code.

CR35501/CMS CR6417 R2009400 Added fields for Referring/Ordering Provider Name and Number at the end of the J trailer in header record.

CR35517 / CMS CR6420 R2009400 Added 4 fields and filler to W trailer of Header record, Adjusted the starting and ending positions of the remaining fields in the Header record.

Changed filler on Detail record from 3765 to 3965. Changed filler on Detail Trailer record from 4804 to 5004. Changed filler on Header Trailer record from 4813 to 5013. Net result
is that each record is now lrecl 5040 not 4840.

CR32840, CMS CR6059 R2010100 Added patient count field.

Starting with position 2873 until the end of the claim header record the data elements are off.

Many of the lines that are trailer headings that indicate use of one position on the file

1.3 File Header Layout

Table 3: MCS File Header Layout

Start	End	Field Name	Type	Description
1	1	Contractor Type Identifier	1 C	
2	3	Record Type Identifier	2 C	
4	18	Filler	15 C	
19	26	Record Date	8 C	
27	27	Record Version	1 C	
28	4840	Filler		

1.4 Claim Header Layout

Table 4: MCS Claim Header Layout

Start	End	Field	Format	Description
1	1	HEADER CONTROL TYPE	1 C	Indication that this is a Part B claim
2	3	HEADER RECORD TYPE	2 C	Indicates header record
4	18	CLAIM HEADER ICN	2 N 13 N	Claim Number assigned
19	23	CONTRACTOR ID	5 c	Contractor number
24	25	DETAIL COUNT	2 c	Number of claim details
26	37	CLAIM HIC	12 c	Health Insurance identification number
38	38	CLAIM TYPE	1 C	Claim type code
39	39	CLAIM ASSIGNMENT	1 C	Assignment code
40	45	BENE LAST NAME (FIRST SIX BYTES)	6 C	Beneficiary last name-first 6 characters
46	46	BENE FIRST NAME (FIRST INITIAL)	1 C	Beneficiary first name-first initial
47	47	BENE MIDDLE INITIAL	1 C	Beneficiary middle name-first initial
48	48	BENE GENDER	1 C	Beneficiary sex
49	49	CLAIM STATUS CODE	1 C	Claim status code
50	57	CLAIM STATUS DATE	8 N	Claim status/paid date-last date on which activity against this claim occurred
58	66	BENE INTERNAL CHECK NUMBER	9 N	Beneficiary internal check number
67	75	BENE EXTERNAL CHECK NUMBER	9 N	Beneficiary external check number
76	77	CLAIM CAC CODE	2 C	Carrier appeals code
78	87	BILLING PROV NPI	10 C	Billing provider NPI
88	97	BILLING PROVIDER NUMBER	10 c	Billing provider number
98	107	BILLING PROV EIN	10 C	Billing provider EIN #
108	109	BILLING PROV TYPE	2 C	Billing provider - type
110	111	BILLING PROV SPEC	2 C	Billing provider - specialty code
112	112	BILLING PROV GROUP IND	1 C	Billing provider - group indicator
113	114	BILLING PROV PRICING SPECIALTY	2 C	Billing provider - pricing specialty
115	116	BILLING PROVIDER COUNTY	2 C	Billing provider - county
117	118	BILLING PROVIDER LOC	2 C	Billing provider locality
119	126	CLAIM DIAGNOSIS (1)	8 C	Claim diagnosis code

Start	End	Field	Format	Description
127	134	CLAIM DIAGNOSIS (2)	8 C	Claim diagnosis code
135	137	HEADER EOMB MESSAGE	3 C	Claim EOMB message 1
138	140	HEADER PRIMARY AUDIT	3 n	Primary header audit number
141	141	HEADER PRIMARY AUDIT INDICATOR	1 C	Primary header audit indicator
142	148	BENE PAID AMOUNT	7 n (99999V99)	Beneficiary paid amount
149	155	BENE CHECK AMOUNT	7 n (99999V99)	Beneficiary check amount
156	162	BENE OFFSET AMOUNT	7 n (99999V99)	Beneficiary offset amount
163	171	PROVIDER INTERNAL CHECK NUMBER	9 c	Provider Internal check number
172	178	PROVIDER CHECK AMOUNT	7 n (99999V99)	Provider check amount
179	185	PROVIDER OFFSET AMOUNT	7 n (99999V99)	Provider offset amount
186	194	PROVIDER EXTERNAL CHECK NUMBER	9 c	Provider external check number
195	198	INTERNAL CLERK NUMBER	4 C	Claim examiner number
199	205	TOTAL CLAIM ALLOWED AMOUNT	7 N (99999V99)	Total claim allowed amount
206	212	TOTAL CLAIM COINSURANCE AMOUNT	7 n (99999V99)	Total claim coinsurance amount
213	219	TOTAL CLAIM DEDUCTIBLE AMOUNT	7 n (99999V99)	Total claim deductible amount
220	220	BILLING PROVIDER STATUS CODE	1 C	Billing provider status code
221	221	DME LIMIT INDICATOR	1 c	Durable medical equipment/Limit indicator
222	222	DOCUMENTATION INDICATOR	1 C	Documentation indicator
223	223	GROUP INDICATOR	1 c	Group Indicator - indicates if the Insurer's Group Policy was submitted on the claim. This field relates to Field 11 on the HCFA 1500 claim form
224	224	EGHP STATUS	1 C	Employer group health plan status
225	233	CROSSOVER INS #1	9 C	Crossover insurer #1
234	242	CROSSOVER INS #2	9 C	Crossover insurer #2

Start	End	Field	Format	Description
243	251	CROSSOVER INS #3	9 C	Crossover insurer #3
252	260	CROSSOVER INS #4	9 C	Crossover insurer #4
261	269	CROSSOVER INS #5	9 C	Crossover insurer #5
270	276	TOTAL BILLED AMOUNT	7 n	Claim billed amount
277	284	CLAIM FROM DOS	8 n	Claim from date of service
285	292	CLAIM TO DOS	8 n	Claim to date of service
293	293	MSP REPROCESS	1 C	MSP Reprocessed Indicator
294	343	FILLER	50 c	
344	344	LETTER ADDRESSED TO INDICATOR (1)	1 c	Letter Addressee code
345	352	LETTER DATE (1)	8 n	Date of initial letter
353	354	DETAIL NUMBER FOR LETTER (1,1)	2 C	Letter Detail number
355	357	DETAIL MESSAGE NUMBER (1,1)	3 N	Letter ADS message number
358	359	DETAIL NUMBER FOR LETTER (1,2)	2 C	Letter Detail number
360	362	DETAIL MESSAGE NUMBER (1,2)	3 N	Letter ADS message number
363	364	DETAIL NUMBER FOR LETTER (1,3)	2 C	Letter Detail number
365	367	DETAIL MESSAGE NUMBER (1,3)	3 N	Letter ADS message number
368	369	DETAIL NUMBER FOR LETTER (1,4)	2 C	Letter Detail number
370	372	DETAIL MESSAGE NUMBER (1,4)	3 N	Letter ADS message number
373	374	DETAIL NUMBER FOR LETTER (1,5)	2 C	Letter Detail number
375	377	DETAIL MESSAGE NUMBER (1,5)	3 N	Letter ADS message number
378	379	DETAIL NUMBER FOR LETTER (1,6)	2 C	Letter Detail number
380	382	DETAIL MESSAGE NUMBER (1,6)	3 N	Letter ADS message number
338	383	LETTER ADDRESSED TO INDICATOR (2)	1 c	Letter Addressee code
384	391	LETTER DATE (2)	8 n	Date of initial letter
392	393	DETAIL NUMBER FOR LETTER (2,1)	2 C	Letter Detail number
394	396	DETAIL MESSAGE NUMBER (2,1)	3 N	Letter ADS message number
397	398	DETAIL NUMBER FOR LETTER (2,2)	2 C	Letter Detail number

Start	End	Field	Format	Description
399	401	DETAIL MESSAGE NUMBER (2,2)	3 N	Letter ADS message number
402	403	DETAIL NUMBER FOR LETTER (2,3)	2 C	Letter Detail number
404	406	DETAIL MESSAGE NUMBER (2,3)	3 N	Letter ADS message number
407	408	DETAIL NUMBER FOR LETTER (2,4)	2 C	Letter Detail number
409	411	DETAIL MESSAGE NUMBER (2,4)	3 N	Letter ADS message number
412	413	DETAIL NUMBER FOR LETTER (2,5)	2 C	Letter Detail number
414	416	DETAIL MESSAGE NUMBER (2,5)	3 N	Letter ADS message number
417	418	DETAIL NUMBER FOR LETTER (2,6)	2 C	Letter Detail number
419	421	DETAIL MESSAGE NUMBER (2,6)	3 N	Letter ADS message number
422	422	LETTER ADDRESSED TO INDICATOR (3,1)	1 c	Letter Addressee code
423	430	LETTER DATE (3,1)	8 n	Date of initial letter
431	432	DETAIL NUMBER FOR LETTER (3,1)	2 C	Letter Detail number
433	435	DETAIL MESSAGE NUMBER (3,1)	3 N	Letter ADS message number
436	437	DETAIL NUMBER FOR LETTER (3,2)	2 C	Letter Detail number
438	440	DETAIL MESSAGE NUMBER (3,2)	3 N	Letter ADS message number
441	442	DETAIL NUMBER FOR LETTER (3,3)	2 C	Letter Detail number
443	445	DETAIL MESSAGE NUMBER (3,3)	3 N	Letter ADS message number
446	447	DETAIL NUMBER FOR LETTER (3,4)	2 C	Letter Detail number
448	450	DETAIL MESSAGE NUMBER (3,4)	3 N	Letter ADS message number
451	452	DETAIL NUMBER FOR LETTER (3,5)	2 C	Letter Detail number
453	455	DETAIL MESSAGE NUMBER (3,5)	3 N	Letter ADS message number
456	457	DETAIL NUMBER FOR LETTER (3,6)	2 C	Letter Detail number
458	460	DETAIL MESSAGE NUMBER (3,6)	3 N	Letter ADS message number
461	461	LETTER ADDRESSED TO	1 c	Letter Addressee code

Start	End	Field	Format	Description
		INDICATOR (4)		
462	469	LETTER DATE (4,1)	8 n	Date of initial letter
470	471	DETAIL NUMBER FOR LETTER (4,1)	2 C	Letter Detail number
472	474	DETAIL MESSAGE NUMBER (4,1)	3 N	Letter ADS message number
475	476	DETAIL NUMBER FOR LETTER (4,2)	2 C	Letter Detail number
477	479	DETAIL MESSAGE NUMBER (4,2)	3 N	Letter ADS message number
480	481	DETAIL NUMBER FOR LETTER (4,3)	2 C	Letter Detail number
482	484	DETAIL MESSAGE NUMBER (4,3)	3 N	Letter ADS message number
485	486	DETAIL NUMBER FOR LETTER (4,4)	2 C	Letter Detail number
487	489	DETAIL MESSAGE NUMBER (4,4)	3 N	Letter ADS message number
490	491	DETAIL NUMBER FOR LETTER (4,5)	2 C	Letter Detail number
492	494	DETAIL MESSAGE NUMBER (4,5)	3 N	Letter ADS message number
495	496	DETAIL NUMBER FOR LETTER (4,6)	2 C	Letter Detail number
497	499	DETAIL MESSAGE NUMBER (4,6)	3 N	Letter ADS message number
500	509	EXTERNAL PROVIDER NUMBER	10 C	External provider number
510	520	CONTROL NUMBER FOR ADS RESPONSE (1)	11 n	ADS return number
521	531	CONTROL NUMBER FOR ADS RESPONSE (2)	11 n	ADS return number
532	542	CONTROL NUMBER FOR ADS RESPONSE (3)	11 n	ADS return number
543	553	CONTROL NUMBER FOR ADS RESPONSE (4)	11 N	ADS return number
554	564	SUPPLEMENTAL AD RESPONSE CONTROL NUMBER (1)	11 n	Supplemental ADS return
565	557	SUPPLEMENTAL AD RESPONSE CONTROL NUMBER	11 n	Supplemental ADS return

Start	End	Field	Format	Description
		(2)		
576	586	SUPPLEMENTAL AD RESPONSE CONTROL NUMBER (3)	11 n	Supplemental ADS return
587	597	SUPPLEMENTAL AD RESPONSE CONTROL NUMBER (4)	11 n	Supplemental ADS return
598	598			INFORMATION FROM H TRAILER
598	605	HIC CHANGE DATE	8 N	Date HIC change occurred
606	609	CLERK ID FOR HIC CHANGE	4 c	Clerk initiating the change
610	621	XREF HIC NUMBER	12 c	XREF HIC
622	622	HIC CHANGE INDICATOR	1 C	From/To HIC change indicator
623	623	HIC CHANGE BACK OUT INDICATOR	1 C	HIC Change Back out Indicator
624	624			INFORMATION FROM I TRAILER
625	630	BENE INTEREST AMOUNT	7 N (99999V99)	Beneficiary Interest amount
631	637	PROVIDER INTEREST AMOUNT	7 N (99999V99)	Provider Interest amount
638	642	INTEREST RATE	5 n (V99999)	Interest percentage
643	645	CPT DAYS	3 N	Number of days over 30 claim was paid
646	646	CLAIM CLEAN DIRTY INDICATOR	1 c	Clean/dirty indicator
647	647	PARTICIPATING PROVIDER INDICATOR	1 c	Participating provider indicator
648	648	CLAIM SUPPRESS CHECK INDICATOR	1 C	Suppress Check Indicator
649	649			INFORMATION FROM J TRAILER
650	651	AUDIT NUMBER FAILED (1)	3 N	Audit number
652	652	AUDIT INDICATOR (1)	1 c	Audit Indicator
653	653	AUDIT DISPOSITION (1)	1 C	Audit disposition
654	656	AUDIT NUMBER FAILED (2)	3 N	Audit number
657	657	AUDIT INDICATOR (2)	1 c	Audit Indicator
658	658	AUDIT DISPOSITION (2)	1 C	Audit disposition
659	661	AUDIT NUMBER FAILED (3)	3 N	Audit number
662	662	AUDIT INDICATOR	1 c	Audit Indicator

Start	End	Field	Format	Description
		(3)		
663	663	AUDIT DISPOSITION (3)	1 C	Audit disposition
664	666	AUDIT NUMBER FAILED (4)	3 N	Audit number
667	667	AUDIT INDICATOR (4)	1 c	Audit Indicator
668	669	AUDIT DISPOSITION (4)	1 C	Audit disposition
670	671	AUDIT NUMBER FAILED (5)	3 N	Audit number
672	672	AUDIT INDICATOR (5)	1 c	Audit Indicator
673	673	AUDIT DISPOSITION (5)	1 C	Audit disposition
674	676	AUDIT NUMBER FAILED (6)	3 N	Audit number
677	677	AUDIT INDICATOR (6)	1 c	Audit Indicator
678	678	AUDIT DISPOSITION (6)	1 C	Audit disposition
679	681	AUDIT NUMBER FAILED (7)	3 N	Audit number
682	682	AUDIT INDICATOR (7)	1 c	Audit Indicator
683	683	AUDIT DISPOSITION (7)	1 C	Audit disposition
684	686	AUDIT NUMBER FAILED (8)	3 N	Audit number
687	687	AUDIT INDICATOR (8)	1 c	Audit Indicator
688	688	AUDIT DISPOSITION (8)	1 C	Audit disposition
689	691	AUDIT NUMBER FAILED (9)	3 N	Audit number
692	692	AUDIT INDICATOR (9)	1 c	Audit Indicator
693	693	AUDIT DISPOSITION (9)	1 C	Audit disposition
694	696	AUDIT NUMBER FAILED (10)	3 N	Audit number
697	697	AUDIT INDICATOR (10)	1 c	Audit Indicator
698	698	AUDIT DISPOSITION (10)	1 C	Audit disposition
699	701	AUDIT NUMBER FAILED (11)	3 N	Audit number
702	702	AUDIT INDICATOR	1 c	Audit Indicator

Start	End	Field	Format	Description
		(11)		
703	703	AUDIT DISPOSITION (11)	1 C	Audit disposition
704	706	AUDIT NUMBER FAILED (12)	3 N	Audit number
707	707	AUDIT INDICATOR (12)	1 c	Audit Indicator
708	708	AUDIT DISPOSITION (12)	1 C	Audit disposition
709	713	SPLIT PAY SUPPRESSION AMOUNT	5 N	Split pay suppression amount
714	722	BILLING PROVIDER TAX ID	9 c	Billing provider tax ID
723	723	BILLING PROVIDER TAX ID INDICATOR	1 C	Billing provider tax ID indicator
724	733	CARE PLAN OVERSIGHT PROVIDER NPI	10 C	Care Plan Oversight provider NPI
734	743	REFERRING PROVIDER NPI	10 C	Referring provider NPI
744	753	FACILITY PROVIDER NPI	10 C	Facility provider NPI
754	763	FACILITY PROVIDER NUMBER	10 c	Facility provider number
764	765	FACILITY PROVIDER LOCALITY	2 c	Facility provider locality
766	767	FACILITY PROVIDER TYPE	2 C	Facility provider - type
768	769	FACILITY PROVIDER SPECIALTY CODE	2 C	Facility provider - specialty code
770	770	FACILITY PROVIDER STATUS	1 C	Facility provider - status
771	772	FACILITY PROVIDER PRICING SPECIALTY	2 C	Facility provider - pricing specialty
773	774	FACILITY PROVIDER COUNTY	2 C	Facility provider - county
775	778	MPAP OVERRIDE FLAG	4 C	Header MPAP override flag
779	781	MPAP OVERRIDE AUDIT	3 N	Header MPAP override audit
782	782	MPAP OVERRIDE INDICATOR	1C	MPAP override indicator
783	789	REMAINING	7 N	Remaining provider pay

Start	End	Field	Format	Description
		PROVIDER PAYMENT AMOUNT		
790	792	EOMB MESSAGE (2)	3 C	Claim EOMB message
793	795	EOMB MESSAGE (3)	3 C	Claim EOMB message
796	798	EOMB MESSAGE (4)	3 C	Claim EOMB message
799	801	EOMB MESSAGE (5)	3 C	Claim EOMB message
802	811	REFERRING PROVIDER UPIN	10 C	Referring provider UPIN
812	826	COMPLEMENTARY NUMBER	15 c	Complementary number
827	840	MEDICAID NUMBER	14 c	Title XIX number
841	854	PEER REVIEW NUMBER	14 c	Peer review number
855	869	MEDIGAP COMPIMENTARY NUMBER	15 c	Medigap complimentary number
870	874	MEDIGAP INSURER NUMBER	5 c	Medigap insurer number
875	875	MEDIGAP SIGNATURE	1 c	Medigap signature
876	883	CLAIM THIRD DX	8 C	Claim third diagnosis
884	891	CLAIM FOURTH DX	8 C	Claim fourth diagnosis
892	899	CLAIM FIFTH DX	8 C	Claim fifth diagnosis
900	907	CLAIM SIXTH DX	8 C	Claim sixth diagnosis
908	915	CLAIM SEVENTH DX	8 C	Claim seventh diagnosis
916	923	CLAIM EIGHTH DX	8 C	Claim eighth diagnosis
924	931	CLAIM NINTH DX	8 C	Claim ninth diagnosis
932	939	CLAIM TENTH DX	8 C	Claim tenth diagnosis
940	947	CLAIM ELEVENTH DX	8 C	Claim eleventh diagnosis
948	955	CLAIM TWELFTH DX	8 C	Claim twelfth diagnosis
956	956	ADJUSTMENT SUPPRESSION INDICATOR	1C	Adjustment suppression indicator
957	957	MASS ADJ TYPE	1 c	Mass adjustment type
958	958	CLAIM CROSSOVER TYPE	1 C	Crossover claim type
959	959	CWF SANCTION PROVIDER INDICATOR	1C	CWF Sanction provider indicator
960	967	CLINICAL TRIAL NUMBER	8C	Clinical trial number
968	1017		50 C	Filler
1018	1021	CLERK (1)	4 C	CLERK

Start	End	Field	Format	Description
1022	1024	LOC (1)	3 c	Most recent claim location code
1025	1032	LOCATION DATE (1)	8 n	Activity date
1033	1033	LOCATION ACTIVITY (1)	1 C	Front End Activity Code
1034	1037	CLERK (2)	4 C	CLERK
1038	1040	LOC (2)	3 c	Location code
1041	1048	LOCATION DATE (2)	8 n	Activity date
1049	1049	LOCATION ACTIVITY (2)	1 C	Front End Activity Code
1050	1053	CLERK (3)	4 C	CLERK
1054	1056	LOC (3)	3 c	Location code
1057	1064	LOCATION DATE (3)	8 n	Activity date
1065	1065	LOCATION ACTIVITY (3)	1 C	Front End Activity Code
1066	1069	CLERK (4)	4 C	CLERK
1070	1072	LOC (4)	3 c	Location code
1073	1080	LOCATION DATE (4)	8 n	Activity date
1081	1081	LOCATION ACTIVITY (4)	1 C	Front End Activity Code
1082	1085	CLERK (5)	4 C	CLERK
1086	1088	LOC (5)	3 c	Location code
1089	1096	LOCATION DATE (5)	8 n	Activity date
1097	1097	LOCATION ACTIVITY (5)	1 C	Front End Activity Code
1098	1101	CLERK (6)	4 C	CLERK
1102	1104	LOC (6)	3 c	Location code
1105	1112	LOCATION DATE (6)	8 n	Activity date
1113	1113	LOCATION ACTIVITY (6)	1 C	Front End Activity Code
1114	1117	CLERK (7)	4 C	CLERK
1118	1120	LOC (7)	3 c	Location code
1121	1128	LOCATION DATE (7)	8 n	Activity date
1129	1129	LOCATION ACTIVITY (7)	1 C	Front End Activity Code
1130	1133	CLERK (8)	4 C	CLERK
1134	1136	LOC (8)	3 c	Location code
1137	1144	LOCATION DATE (8)	8 n	Activity date
1145	1145	LOCATION ACTIVITY (8)	1 C	Front End Activity Code
1146	1149	CLERK (9)	4 C	CLERK
1150	1152	LOC (9)	3 c	Location code
1153	1160	LOCATION DATE (9)	8 n	Activity date
1161	1161	LOCATION ACTIVITY (9)	1 C	Front End Activity Code
1162	1165	CLERK (10)	4 C	CLERK
1166	1168	LOC (10)	3 c	Location code
1169	1176	LOCATION DATE	8 n	Activity date

Start	End	Field	Format	Description
		(10)		
1177	1177	LOCATION ACTIVITY (10)	1 C	Front End Activity Code
1178	1181	CLERK (11)	4 C	CLERK
1182	1184	LOC (11)	3 c	Location code
1185	1192	LOCATION DATE (11)	8 n	Activity date
1193	1193	LOCATION ACTIVITY (11)	1 C	Front End Activity Code
1194	1194	N TRAILER		N TRAILER
1195	1196	MSP TYPE	3 c	MSP TYPE
1197	1203	MSP ALLOWED	7 n (99999V99)	Other payer allowable amount
1204	1210	MSP PAID AMOUNT	7 n	Other payer payable amount
1211	1211	MSP PAYMENT LEVEL	1 c	MSP Payment Level
1212	1212	P TRAILER		P TRAILER
1213	1234	REP PAYEE NAME	22 c	Rep payee name
1235	1235	Q TRAILER		Q TRAILER
1236	1242	CWF QUERY DATE (1)	8 n	Date of CWF transmit
1243	1243	CWF QUERY CODE (1)	1 c	Query code
1244	1251	CWF QUERY DATE (2)	8 n	Date of CWF transmit
1252	1252	CWF QUERY CODE (2)	1 c	Query code
1253	1260	CWF QUERY DATE (3)	8 n	Date of CWF transmit
1261	1261	CWF QUERY CODE (3)	1 c	Query code
1262	1269	CWF QUERY DATE (4)	8 n	Date of CWF transmit
1270	1270	CWF QUERY CODE (4)	1 c	Query code
1271	1271	R TRAILER		R TRAILER
1272	1278	CWF RESPONSE DATE (1)	8 n	Date of response from CWF
1279	1280	RESPONSE CODE FROM CWF (1)	2 c	Response code received from CWF
1281	1282	RESPONSE TRAILER (1)	2 C	Response trailer code
1283	1283	BLOOD DED REMAINING	1 N	Blood deduct remaining, after processing this claim
1284	1288	REG DEDUCTIBLE REMAINING	5 N	Regular deductible remaining after processing this claim
1289	1295	PSYCH LIMIT REMAINING	7 n	Psych limit remaining after processing this claim

Start	End	Field	Format	Description
1296	1302	PHY THER/OCC THER REMAINING	7 n	PHY-THER/OCC-THER Remaining after processing this claim
1303	1303	TYPE OF THERAPY FLAG	1 C	Type of therapy flag
1304	1308	CASH DED APPLIED	5 n	Cash deductible applied on this claim
1309	1312	CWF RESP ERROR CODE 1	4 c	CWF Response Error Code 1
1313	1316	CWF RESP ERROR CODE 2	4 c	CWF Response Error Code 2
1317	1320	CWF RESP ERROR CODE 3	4 c	CWF Response Error Code 3
1321	1324	CWF RESP ERROR CODE 4	4 c	CWF Response Error Code 4
1325	1332	CWF RESPONSE DATE (2)	8 n	Date of response from CWF
1333	1334	RESPONSE CODE FROM CWF (2)	2 c	Response code received from CWF
1335	1336	RESPONSE TRAILER (2)	2 C	Response trailer code
1337	1337	BLOOD DED REMAINING	1 n	Blood deduct remaining, after processing this claim
1338	1342	REG DEDUCTIBLE REMAINING	5 N	Regular deductible remaining after processing this claim
1343	1349	PSYCH LIMIT REMAINING	7 n	Psych limit remaining after processing this claim
1350	1356	PHY THER/OCC THER REMAINING	7 n	PHY-THER/OCC-THER Remaining after processing this claim
1357	1357	TYPE OF THERAPY FLAG	1 C	Type of therapy flag
1358	1362	CASH DED APPLIED	5 n	Cash deductible applied on this claim
1363	1366	CWF RESP ERROR CODE 1	4 c	CWF Response Error Code 1
1367	1370	CWF RESP ERROR CODE 2	4 c	CWF Response Error Code 2
1371	1374	CWF RESP ERROR CODE 3	4 c	CWF Response Error Code 3
1375	1378	CWF RESP ERROR CODE 4	4 c	CWF Response Error Code 4
1379	1386	CWF RESPONSE DATE (3)	8 n	Date of response from CWF
1387	1388	RESPONSE CODE FROM CWF (3)	2 c	Response code received from CWF
1389	1390	RESPONSE TRAILER (3)	2 C	Response trailer code
1391	1391	BLOOD DED REMAINING	1 N	Blood deduct remaining, after processing this claim
1392	1396	REG DEDUCTIBLE REMAINING	5 N	Regular deductible remaining after processing this claim

Start	End	Field	Format	Description
1397	1403	PSYCH LIMIT REMAINING	7 n	Psych limit remaining after processing this claim
1404	1410	PHY THER/OCC THER REMAINING	7 n	PHY-THER/OCC-THER Remaining after processing this claim
1411	1411	TYPE OF THERAPY FLAG	1 C	Type of therapy flag
1412	1416	CASH DED APPLIED	5 n	Cash deductible applied on this claim
1417	1420	CWF RESP ERROR CODE 1	4 c	CWF Response Error Code 1
1421	1424	CWF RESP ERROR CODE 2	4 c	CWF Response Error Code 2
1425	1428	CWF RESP ERROR CODE 3	4 c	CWF Response Error Code 3
1429	1432	CWF RESP ERROR CODE 4	4 c	CWF Response Error Code 4
1433	1440	CWF RESPONSE DATE (4)	8 n	Date of response from CWF
1441	1442	RESPONSE CODE FROM CWF (4)	2 c	Response code received from CWF
1443	1444	RESPONSE TRAILER (4)	2 C	Response trailer code
1445	1445	BLOOD DED REMAINING	1 N	Blood deduct remaining, after processing this claim
1446	1450	REG DEDUCTIBLE REMAINING	5 N	Regular deductible remaining after processing this claim
1451	1457	PSYCH LIMIT REMAINING	7 n	Psych limit remaining after processing this claim
1458	1464	PHY THER/OCC THER REMAINING	7 n	PHY-THER/OCC-THER Remaining after processing this claim
1465	1465	TYPE OF THERAPY FLAG	1 C	Type of therapy flag
1466	1470	CASH DED APPLIED	5 n	Cash deductible applied on this claim
1471	1474	CWF RESP ERROR CODE 1	4 c	CWF Response Error Code 1
1475	1478	CWF RESP ERROR CODE 2	4 c	CWF Response Error Code 2
1479	1482	CWF RESP ERROR CODE 3	4 c	CWF Response Error Code 3
1483	1486	CWF RESP ERROR CODE 4	4 c	CWF Response Error Code 4
1487	1487	T TRAILER		T TRAILER
1488	1488	BENE CHECK STATUS	2 c	Current beneficiary check status
1489	1490	PROV CHECK STATUS	2 c	Current provider check status
1491	1498	BENE LAST UPDATE	8 n	Last beneficiary update date
1499	1506	PROV LAST	8 n	Last provider update date

Start	End	Field	Format	Description
		UPDATE		
1507	1507	U TRAILER		U TRAILER
1508	1509	MEDICAL ADVISOR	3 c	Medical advisor
1510	1517	MICRO INDEX NUMBER	8 N	Micro index number
1518	1518	CLAIM ADJ ACT CODE	1 c	Claim adjustment action code
1519	1529	TREAMENT AUTH NUMBER	11 c	Treatment authorization code
1530	1530	TITLE XIX CHECK DIGIT	1 c	Title XIX check digit
1531	1536	CROSSOVER INS # 1	6 c	Crossover insurer #1
1537	1537	SPLIT REASON CODE	1 c	Split reason code
1538	1545	NOTICE APPEAL DATE	8 N	Notice appeal date
1546	1549	SCF RULE UPDATE NUMBER (1)	4 c	SCF update rule number
1550	1557	DATE SCF UPDATE RULE APPLIED (1)	8 n	Date of SCF update rule applied
1558	1561	SCF RULE UPDATE NUMBER (2)	4 c	SCF update rule number
1562	1569	DATE SCF UPDATE RULE APPLIED (2)	8 n	Date of SCF update rule applied
1570	1573	SCF RULE UPDATE NUMBER (3)	4 c	SCF update rule number
1574	1581	DATE SCF UPDATE RULE APPLIED (3)	8 n	Date of SCF update rule applied
1582	1585	SCF RULE UPDATE NUMBER (4)	4 c	SCF update rule number
1586	1593	DATE SCF UPDATE RULE APPLIED (4)	8 n	Date of SCF update rule applied
1594	1597	SCF RULE UPDATE NUMBER (5)	4 c	SCF update rule number
1598	1605	DATE SCF UPDATE RULE APPLIED (5)	8 n	Date of SCF update rule applied
1606	1609	SCF RULE UPDATE NUMBER (6)	4 c	SCF update rule number
1610	1617	DATE SCF UPDATE RULE APPLIED (6)	8 n	Date of SCF update rule applied
1618	1624	OTAF AMOUNT	7 N	Obligated to accept in full amount
1625	1625	MASS ADJ FLAG	1 C	Mass adjustment flag
1626	1631	CROSSOVER INS #2	6 c	Crossover insurer #2
1632	1637	CROSSOVER INS # 3	6 c	Crossover insurer #3
1638	1643	CROSSOVER INS # 4	6 c	Crossover insurer #4
1644	1649	CROSSOVER # 5	6 c	Crossover insurer #5
1650	1650	PHYS SIGNATURE	1 C	Physician signature flag

Start	End	Field	Format	Description
		FLAG		
1651	1651	BENE SIGNATURE FLAG	1 C	Beneficiary signature flag
1652	1659	CHRIO XRAY DATE	8 n	Chiro x-ray date
1660	1667	CHIRO INITIAL TREATMENT DATE	8 n	Chiro initial treatment date
168	1673	SUPERVISING PHYSICIAN UPIN	6 c	Supervising physician UPIN
1674	1674	SUPERVISING PHYSICAIN NAME SUBMITTED FLAG	1 c	Supervising physician name submitted flag
1675	1675	PURCHASE DIAG TEST FLAG	1 c	Purchase diagnostic test flag
1676	6167	HOMEBOUND EKG TRACING FLAG	1 c	Homebound EKG tracings flag
1677	1677	FACILITY PROV INDICATOR	1 c	Facility provider indicator
1678	1685	LAST BENE CHECK DATE	8 n	Last beneficiary check date
1686	1693	PROV LAST CHECK DATE	8 n	Last provider check date
1694	1703	EMC SENDER CODE	10 C	EMC Sender Code
1704	1707	CARRIER APPEALS CODE	4 C	Carrier appeals code
1708	1716	CHOICES HMO PLAN	9 c	Choices HMO plan
1717	1718	DEMO NUMBER	2 c	Demo number
1719	1728	DEMO PROV NPI	10 C	Demo provider NPI
1729	1738	DEMO PROV NUMBER	10 C	Demo provider
1739	1748	SUPERVISING NPI	10 C	Supervising provider NPI
1749	1763	ICN ORIGINALLY SENT TO CWF	15 c	ICN claim originally sent to CWF as
1764	1778	OLD PATIENT ACCOUNT NUMBER	15 C	Patient account number – old
1779	1795	PATIENT ACCOUNT NUMBER	17 C	Patient account number
1796	1796	BENE NAME CORRECTED FLAG	1 c	Bene name corrected flag
1797	1808	FCA PREVIOUS HIC	12 c	Full claim adj previous HIC
1809	1818	FCA BILLING PROV NPI	10 C	Full claim adj previous billing provider NPI
1819	1828	FCA PREV BILLNG PROV	10 c	Full claim adj previous billing provider
1829	1829	FCA PREV ASSIGNMENT	1 c	Full claim adj previous assignment
1830	1836	FCA PROV	7 N	Full claim adj previous provider Interest

Start	End	Field	Format	Description
		INTEREST		
1837	1843	FCA BENE INTEREST	7 N	Full claim adj previous bene Interest
1844	1851	ORIGINAL RECP DATE	8 n	Original receipt date
1852	1854	DELETION REASON CODE	3 C	Delete reason code
1855	1867	CASE TRACKING NUMBER	13 N	Case tracking CCN
1868	1868	OVERPAYMENT REASON CODE	1 c	Overpayment reason
1869	1869	DISCOVERY REASON CODE	1 c	Discover reason
1870	1870	UNSOL RESP TYPE	1 c	Unsolicited response type
1871	1878	HPSA REPORTING DATE	8 N(YYYMMDD)	HPSA reporting date
1879	1879			CWF Header Error and Override Codes
1879	1882	CWF ERROR CODE (1)	4c	CWF Header Error Code
1883	1883	CWF HEADER OVERRIDE (1)	1C	CWF Header Override
1884	1887	CWF ERROR CODE (2)	4C	CWF Header Error Code
1888	1888	CWF HEADER OVERRIDE (2)	1C	CWF Header Override
1889	1892	CWF ERROR CODE (3)	4c	CWF Header Error Code
1893	1893	CWF HEADER OVERRIDE (3)	1C	CWF Header Override
1894	1897	CWF ERROR CODE (3)	4C	CWF Header Error Code
1898	1898	CWF HEADER OVERRIDE (3)	1C	CWF Header Override
1899	1902	CWF ERROR CODE (4)	4c	CWF Header Error Code
1903	1903	CWF HEADER OVERRIDE (4)	1C	CWF Header Override
1904	1904	BILLING PROV STATE CODE (1)	2c	Billing Provider state code
1906	1914	BILLING PROV ZIP (1)	9C	Billing Provider zip code
1915	1964		50C	
1965	1965	AR IND 1	1 c	Current A/R indicator
1966	1980	AR NUMBER 1	15 c	A/R number
1981	1988	AR B TRAILER DATE 1	8 N	A/R Trailer Date
1989	1989	AR IND 2	1 c	Current A/R indicator

Start	End	Field	Format	Description
1990	2004	AR NUMBER 2	15 c	A/R number
2005	2012	AR B TRAILER DATE 2	8 N	A/R Trailer Date
2013	2013	AR IND 3	1 c	Current A/R indicator
2014	2028	AR NUMBER 3	15 c	A/R number
2029	2036	AR B TRAILER DATE 3	8 N	A/R Trailer Date
2037	2037	AR IND 4	1 c	Current A/R indicator
2038	2052	AR NUMBER 4	15 c	A/R number
2053	2060	AR B TRAILER DATE 4	8 N	A/R Trailer Date
2061	2061	AR IND 5	1 c	Current A/R indicator
2062	2076	AR NUMBER 5	15 c	A/R number
2077	2085	AR B TRAILER DATE 5	8 N	A/R Trailer Date
2085	2085	CASH REC TYPE 1	1 C	C/R type
2086	2086	HDR STATUS PRIOR 1	1 C	Prior detail status
2087	2087	HDR STATUS CURRENT 1	1 C	Current detail status
2088	2100	CASH REC NUMBER 1	13 c	C/R number
2101	2102	HDR NUMBER FOR CASH REC 1	2 C	Detail number being applied
2103	2109	HDR CASH REC APPLIED AMT1	7 n	Amount applied
2110	2111	HDR CASH REC REASON TYPE 1	2 c	C/R reason type
2112	2114	HDR CASH REC REASON CODE 1	3 c	C/R reason code
2115	2118	HDR CLERK ID 1	4 c	Clerk
2119	2126	HDR CASH REC TRAILER DATE 1	8 N	C/R Trailer Date
2127	2127	CASH REC TYPE 2	1 C	C/R type
2128	2128	HDR STATUS PRIOR 2	1 C	Prior detail status
2129	2129	HDR STATUS CURRENT 2	1 C	Current detail status
2130	2142	CASH REC NUMBER 2	13 c	C/R number
2143	2144	HDR NUMBER FOR CASH REC 2	2 C	Detail number being applied
2145	2151	HDR CASH REC APPLIED AMT 2	7 n	Amount applied
2152	2153	HDR CASH REC REASON TYPE 2	2 c	C/R reason type
2154	2156	HDR CASH REC	3 c	C/R reason code

Start	End	Field	Format	Description
		REASON CODE 2		
2157	2160	HDR CLERK ID 2	4 c	Clerk
2161	2168	HDR CASH REC TRAILER DATE 2	8 N	C/R Trailer Date
2169	2169	CASH REC TYPE 3	1 C	C/R type
2170	2170	HDR STATUS PRIOR 3	1 C	Prior detail status
2171	2171	HDR STATUS CURRENT 3	1 C	Current detail status
2172	2184	CASH REC NUMBER 3	13 c	C/R number
2185	2186	HDR NUMBER FOR CASH REC 3	2 C	Detail number being applied
2187	2193	HDR CASH REC APPLIED AMT 3	7 n	Amount applied
2194	2195	HDR CASH REC REASON TYPE 3	2 c	C/R reason type
2196	2198	HDR CASH REC REASON CODE 3	3 c	C/R reason code
2199	2202	HDR CLERK ID 3	4 c	Clerk
2203	2202	HDR CASH REC TRAILER DATE 3	8 N	C/R Trailer Date
2211	2211	CASH REC TYPE 4	1 C	C/R type
2212	2212	HDR STATUS PRIOR 4	1 C	Prior detail status
2213	2213	HDR STATUS CURRENT 4	1 C	Current detail status
2214	2226	CASH REC NUMBER 4	13 c	C/R number
2227	2228	HDR NUMBER FOR CASH REC 4	2 C	Detail number being applied
2229	2235	HDR CASH REC APPLIED AMT 4	7 n	Amount applied
2236	2237	HDR CASH REC REASON TYPE 4	2 c	C/R reason type
2238	2240	HDR CASH REC REASON CODE 4	3 c	C/R reason code
2241	2244	HDR CLERK ID 4	4 c	Clerk
2245	2252	HDR CASH REC TRAILER DATE 4	8 N	C/R Trailer Date
2253	2253	CASH REC TYPE 5	1 C	C/R type
225	225	HDR STATUS PRIOR 5	1 C	Prior detail status
2255	2255	HDR STATUS CURRENT 5	1 C	Current detail status
2256	2268	CASH REC NUMBER 5	13 c	C/R number

Start	End	Field	Format	Description
2269	2270	HDR NUMBER FOR CASH REC 5	2 C	Detail number being applied
2271	2277	HDR CASH REC APPLIED AMT 5	7 n	Amount applied
2278	2279	HDR CASH REC REASON TYPE 5	2 c	C/R reason type
2280	2228	HDR CASH REC REASON CODE 5	3 c	C/R reason code
2283	2286	HDR CLERK ID 5	4 c	Clerk
2287	2294	HDR CASH REC TRAILER DATE 5	8 N	C/R Trailer Date
2295	2295	CASH REC TYPE 6	1 C	C/R type
2296	2296	HDR STATUS PRIOR 6	1 C	Prior detail status
2297	2297	HDR STATUS CURRENT 6	1 C	Current detail status
2298	2310	CASH REC NUMBER 6	13 c	C/R number
2311	2312	HDR NUMBER FOR CASH REC 6	2 C	Detail number being applied
2313	2319	HDR CASH REC APPLIED AMT 6	7 n	Amount applied
2320	2321	HDR CASH REC REASON TYPE 6	2 c	C/R reason type
2322	2324	HDR CASH REC REASON CODE 6	3 c	C/R reason code
2325	2338	HDR CLERK ID 6	4 c	Clerk
2329	2336	HDR CASH REC TRAILER DATE 6	8 N	C/R Trailer Date
2337	2337	CASH REC TYPE 7	1 C	C/R type
2338	2338	HDR STATUS PRIOR 7	1 C	Prior detail status
2339	2339	HDR STATUS CURRENT 7	1 C	Current detail status
2340	2352	CASH REC NUMBER 7	13 c	C/R number
2353	2354	HDR NUMBER FOR CASH REC 7	2 C	Detail number being applied
2355	2361	HDR CASH REC APPLIED AMT 7	7 n	Amount applied
2362	2363	HDR CASH REC REASON TYPE 7	2 c	C/R reason type
2364	2366	HDR CASH REC REASON CODE 7	3 c	C/R reason code
2367	2370	HDR CLERK ID 7	4 c	Clerk
2371	2378	HDR CASH REC TRAILER DATE 7	8 N	C/R Trailer Date

Start	End	Field	Format	Description
24379	2379	CASH REC TYPE 8	1 C	C/R type
2380	2380	HDR STATUS PRIOR 8	1 C	Prior detail status
2381	2381	HDR STATUS CURRENT 8	1 C	Current detail status
2382	2394	CASH REC NUMBER 8	13 c	C/R number
2395	2396	HDR NUMBER FOR CASH REC 8	2 C	Detail number being applied
2397	2403	HDR CASH REC APPLIED AMT 8	7 n	Amount applied
2404	2405	HDR CASH REC REASON TYPE 8	2 c	C/R reason type
2406	2408	HDR CASH REC REASON CODE 8	3 c	C/R reason code
2409	2412	HDR CLERK ID 8	4 c	Clerk
2413	2420	HDR CASH REC TRAILER DATE 8	8 N	C/R Trailer Date
2421	2421	CASH REC TYPE 9	1 C	C/R type
2422	2422	HDR STATUS PRIOR 9	1 C	Prior detail status
2423	2423	HDR STATUS CURRENT 9	1 C	Current detail status
2424	2436	CASH REC NUMBER 9	13 c	C/R number
2437	2437	HDR NUMBER FOR CASH REC 9	2 C	Detail number being applied
2439	2445	HDR CASH REC APPLIED AMT 9	7 n	Amount applied
2446	2447	HDR CASH REC REASON TYPE 9	2 c	C/R reason type
2448	2450	HDR CASH REC REASON CODE 9	3 c	C/R reason code
2451	2454	HDR CLERK ID 9	4 c	Clerk
2455	2462	HDR CASH REC TRAILER DATE 9	8 N	C/R Trailer Date
2463	2463	CASH REC TYPE 10	1 C	C/R type
2464	2464	HDR STATUS PRIOR 10	1 C	Prior detail status
2465	2465	HDR STATUS CURRENT 10	1 C	Current detail status
2466	2478	CASH REC NUMBER 10	13 c	C/R number
2479	2480	HDR NUMBER FOR CASH REC 10	2 C	Detail number being applied
2481	2487	HDR CASH REC APPLIED AMT 10	7 n	Amount applied

Start	End	Field	Format	Description
2488	2489	HDR CASH REC REASON TYPE 10	2 c	C/R reason type
2490	2492	HDR CASH REC REASON CODE 10	3 c	C/R reason code
2493	2496	HDR CLERK ID 10	4 c	Clerk
2497	2504	HDR CASH REC TRAILER DATE 10	8 N	C/R Trailer Date
2505	2505	CASH REC TYPE 11	1 C	C/R type
2506	2506	HDR STATUS PRIOR 11	1 C	Prior detail status
2507	2507	HDR STATUS CURRENT 11	1 C	Current detail status
2508	2520	CASH REC NUMBER 11	13 c	C/R number
2521	2522	HDR NUMBER FOR CASH REC 11	2 C	Detail number being applied
2523	2529	HDR CASH REC APPLIED AMT 11	7 n	Amount applied
2530	2531	HDR CASH REC REASON TYPE 11	2 c	C/R reason type
2532	2534	HDR CASH REC REASON CODE 11	3 c	C/R reason code
2535	25338	HDR CLERK ID 11	4 c	Clerk
2539	2546	HDR CASH REC TRAILER DATE 11	8 N	C/R Trailer Date
2547	2547	CASH REC TYPE 12	1 C	C/R type
2548	2548	HDR STATUS PRIOR 12	1 C	Prior detail status
2549	2549	HDR STATUS CURRENT 12	1 C	Current detail status
2550	2562	CASH REC NUMBER 12	13 c	C/R number
2563	2564	HDR NUMBER FOR CASH REC 12	2 C	Detail number being applied
2565	2571	HDR CASH REC APPLIED AMT12	7 n	Amount applied
2572	2573	HDR CASH REC REASON TYPE 12	2 c	C/R reason type
2574	2576	HDR CASH REC REASON CODE 12	3 c	C/R reason code
2577	2580	HDR CLERK ID 12	4 c	Clerk
2581	2588	HDR CASH REC TRAILER DATE 12	8 N	C/R Trailer Date
2589	2589	CASH REC TYPE 13	1 C	C/R type
2590	2590	HDR STATUS PRIOR 13	1 C	Prior detail status
2591	2591	HDR STATUS	1 C	Current detail status

Start	End	Field	Format	Description
		CURRENT 13		
2592	2604	CASH REC NUMBER 13	13 c	C/R number
2605	2606	HDR NUMBER FOR CASH REC 13	2 C	Detail number being applied
2607	2613	HDR CASH REC APPLIED AMT13	7 n	Amount applied
2614	2615	HDR CASH REC REASON TYPE 13	2 c	C/R reason type
2616	2618	HDR CASH REC REASON CODE 13	3 c	C/R reason code
2619	2622	HDR CLERK ID 13	4 c	Clerk
2623	2630	HDR CASH REC TRAILER DATE 13	8 N	C/R Trailer Date
2631	2631	CASH REC TYPE 14	1 C	C/R type
2632	2632	HDR STATUS PRIOR 14	1 c	Prior detail status
2633	2633	HDR STATUS CURRENT 14	1 C	Current detail status
2634	2646	CASH REC NUMBER 14	13 c	C/R number
2647	2648	HDR NUMBER FOR CASH REC 14	2 C	Detail number being applied
2649	2655	HDR CASH REC APPLIED AMT 14	7 n	Amount applied
2656	2657	HDR CASH REC REASON TYPE 14	2 c	C/R reason type
2658	2660	HDR CASH REC REASON CODE 14	3 c	C/R reason code
2661	2664	HDR CLERK ID 14	4 c	Clerk
2665	2672	HDR CASH REC TRAILER DATE 14	8 N	C/R Trailer Date
2673	2673	CASH REC TYPE 15	1 C	C/R type
2674	2674	HDR STATUS PRIOR 15	1 C	Prior detail status
2675	2675	HDR STATUS CURRENT 15	1 C	Current detail status
2676	2688	CASH REC NUMBER 15	13 c	C/R number
2689	2690	HDR NUMBER FOR CASH REC 15	2 C	Detail number being applied
2691	2697	HDR CASH REC APPLIED AMT 15	7 n	Amount applied
2698	2699	HDR CASH REC REASON TYPE 15	2 c	C/R reason type
2700	2702	HDR CASH REC REASON CODE 15	3 c	C/R reason code

Start	End	Field	Format	Description
2703	2706	HDR CLERK ID 15	4 c	Clerk
2707	2714	HDR CASH REC TRAILER DATE 15	8 N	C/R Trailer Date
2715	2715	F TRAILER		F TRAILER
2715	2715	REISSUE TYPE 1	1 C	Reissue type
2716	2716	REISSUE TRAILER NUMBER 1	1 C	Reissue trailer number
2717	2725	BENE ORIG INT CHECK NUMBER 1	9 c	Original bene Internal check number
2726	2734	BENE ORIG EXT CHECK NUMBER 1	9 c	Original bene external check number
2735	2741	BENE ORIG PAID AMT 1	7 n	Original bene paid amount
2742	2748	BENE ORIG OFFSET AMT 1	7 n	Original bene offset amount
2749	2749	SECOND F TRAILER CHECK IND 1	1 C	Second check indicator
2750	2758	PROV ORIG INT CHECK NUMBER 1	9 c	Original provider Internal check number
2759	2767	PROV ORIG EXT CHECK NUMBER 1	9 c	Original provider external check number
2768	2774	PROV ORIG PAID AMT 1	7 n	Original provider paid amount
2775	2781	PROV ORIG OFFSET AMT 1	7 n	Original provider offset amount
2782	2785	CLERK ID 1	4 c	Clerk
2786	2793	F TRAILER DATE 1	8 N	F Trailer Date
2794	2794	REISSUE TYPE 2	1 C	Reissue type
2795	2795	REISSUE TRAILER NUMBER 2	1 C	Reissue trailer number
2796	2804	BENE ORIG INT CHECK NUMBER 2	9 c	Original bene Internal check number
2805	2813	BENE ORIG EXT CHECK NUMBER 2	9 c	Original bene external check number
2814	2820	BENE ORIG PAID AMT 2	7 n	Original bene paid amount
2821	2827	BENE ORIG OFFSET AMT 2	7 n	Original bene offset amount
2828	2828	SECOND F TRAILER CHECK IND 2	1 C	Second check indicator
2829	2837	PROV ORIG INT CHECK NUMBER 2	9 c	Original provider Internal check number
2838	2846	PROV ORIG EXT CHECK NUMBER 2	9 c	Original provider external check number
2847	2853	PROV ORIG PAID AMT 2	7 n	Original provider paid amount
2854	2860	PROV ORIG OFFSET	7 n	Original provider offset amount

Start	End	Field	Format	Description
		AMT 2		
2861	2864	CLERK ID 2	4 c	Clerk
2865	2872	F TRAILER DATE 2	8 N	F Trailer Date
2873	2873	W TRAILER		W TRAILER
2874	2877	COBA NUMBER 1	5 C	COBA Number
2878	2885	COBA INS EFF DATE 1	8 N	COBA Insurer Effective Date
2886	2893	COBA INS END DATE 1	8 N	COBA Insurer End Date
2894	2894	COBA INS TEST/PROD IND 1	1 c	COBA Insurer Test/Prod indicator
2895	2926	COBA NAME 1	32 c	COBA Insurer Name
2927	2934	COBA ABORT DATE 1	8 N	COBA Insurer Abort Date
2935	2939	COBA NUMBER 2	5 C	COBA Number
2940	2947	COBA INS EFF DATE 2	8 N	COBA Insurer Effective Date
2948	2955	COBA INS END DATE 2	8 N	COBA Insurer End Date
2956	2956	COBA INS TEST/PROD IND 2	1 c	COBA Insurer Test/Prod indicator
2957	2988	COBA NAME 2	32 c	COBA Insurer Name
2989	2996	COBA ABORT DATE 2	8 N	COBA Insurer Abort Date
2997	3001	COBA NUMBER 3	5 C	COBA Number
3002	3009	COBA INS EFF DATE 3	8 N	COBA Insurer Effective Date
3010	3017	COBA INS END DATE 3	8 N	COBA Insurer End Date
3018	3018	COBA INS TEST/PROD IND 3	1 c	COBA Insurer Test/Prod indicator
3019	3050	COBA NAME 3	32 c	COBA Insurer Name
3051	3058	COBA ABORT DATE 3	8 N	COBA Insurer Abort Date
3059	3063	COBA NUMBER 4	5 C	COBA Number
3064	3071	COBA INS EFF DATE 4	8 N	COBA Insurer Effective Date
3072	3079	COBA INS END DATE 4	8 N	COBA Insurer End Date
3080	3080	COBA INS TEST/PROD IND 4	1 c	COBA Insurer Test/Prod indicator
3081	3113	COBA NAME 4	32 c	COBA Insurer Name
3114	3120	COBA ABORT DATE 4	8 N	COBA Insurer Abort Date
3121	3125	COBA NUMBER 5	5 C	COBA Number
3126	3133	COBA INS EFF DATE 5	8 N	COBA Insurer Effective Date

Start	End	Field	Format	Description
3134	3141	COBA INS END DATE 5	8 N	COBA Insurer End Date
3142	3142	COBA INS TEST/PROD IND 5	1 c	COBA Insurer Test/Prod indicator
3143	3174	COBA NAME 5	32 c	COBA Insurer Name
3175	3182	COBA ABORT DATE 5	8 N	COBA Insurer Abort Date
3183	3187	COBA NUMBER 6	5 C	COBA Number
3188	3195	COBA INS EFF DATE 6	8 N	COBA Insurer Effective Date
3196	3203	COBA INS END DATE 6	8 N	COBA Insurer End Date
3204	3204	COBA INS TEST/PROD IND 6	1 c	COBA Insurer Test/Prod indicator
3205	3236	COBA NAME 6	32 c	COBA Insurer Name
3237	3244	COBA ABORT DATE 6	8 N	COBA Insurer Abort Date
3245	3249	COBA NUMBER 7	5 C	COBA Number
3250	3257	COBA INS EFF DATE 7	8 N	COBA Insurer Effective Date
3258	3265	COBA INS END DATE 7	8 N	COBA Insurer End Date
3266	3266	COBA INS TEST/PROD IND 7	1 c	COBA Insurer Test/Prod indicator
3267	3298	COBA NAME 7	32 c	COBA Insurer Name
3299	3306	COBA ABORT DATE 7	8 N	COBA Insurer Abort Date
3307	3311	COBA NUMBER 8	5 C	COBA Number
3312	3319	COBA INS EFF DATE 8	8 N	COBA Insurer Effective Date
3320	3327	COBA INS END DATE 8	8 N	COBA Insurer End Date
3328	3328	COBA INS TEST/PROD IND 8	1 c	COBA Insurer Test/Prod indicator
3329	3360	COBA NAME 8	32 c	COBA Insurer Name
3361	3368	COBA ABORT DATE 8	8 N	COBA Insurer Abort Date
3369	3373	COBA NUMBER 9	5 C	COBA Number
3374	3381	COBA INS EFF DATE 9	8 N	COBA Insurer Effective Date
3382	3389	COBA INS END DATE 9	8 N	COBA Insurer End Date
3390	339	COBA INS TEST/PROD IND 9	1 c	COBA Insurer Test/Prod indicator
3391	3422	COBA NAME 9	32 c	COBA Insurer Name
3423	3430	COBA ABORT DATE 9	8 N	COBA Insurer Abort Date

Start	End	Field	Format	Description
3431	3435	COBA NUMBER 10	5 C	COBA Number
3436	3443	COBA INS EFF DATE 10	8 N	COBA Insurer Effective Date
3444	3451	COBA INS END DATE 10	8 N	COBA Insurer End Date
3452	3452	COBA INS TEST/PROD IND 10	1 c	COBA Insurer Test/Prod indicator
3453	3484	COBA NAME 10	32 c	COBA Insurer Name
3485	3492	COBA ABORT DATE 10	8 N	COBA Insurer Abort Date
3493	3493	X TRAILER		X TRAILER
3494	3500	ADJ DATE 1	8 n	Date of adjustment
3501	3515	XREF ICN 1	15 c	Cross reference ICN number
3516	3519	ADJ CLERK ID 1	4 c	Clerk number
3520	3534	INITIATING CCN 1	15 c	Initiating CCN number
3535	3542	ADJ CLM CHECK WRITE DATE 1	8 n	Adjustment Claim Check Write Date
3543	3549	ADJ CLAIM BENE EOMB AMT 1	7 n	Adjustment claim beneficiary EOMB amount
3550	3556	ADJ CLAIM PROV EOMB AMT 1	7 n	Adjustment claim provider EOMB amount
3557	3564	ADJ DATE 2	8 n	Date of adjustment
3565	3579	XREF ICN 2	15 c	Cross reference ICN number
3580	3583	ADJ CLERK ID 2	4 c	Clerk number
3584	3598	INITIATING CCN 2	15 c	Initiating CCN number
3599	3606	ADJ CLM CHECK WRITE DATE 2	8 n	Adjustment Claim Check Write Date
3607	3613	ADJ CLAIM BENE EOMB AMT 2	7 n	Adjustment claim beneficiary EOMB amount
3614	3620	ADJ CLAIM PROV EOMB AMT 2	7 n	Adjustment claim provider EOMB amount
3621	3628	ADJ DATE 3	8 n	Date of adjustment
3629	3643	XREF ICN 3	15 c	Cross reference ICN number
3644	3647	ADJ CLERK ID 3	4 c	Clerk number
3648	3662	INITIATING CCN 3	15 c	Initiating CCN number
3663	3670	ADJ CLM CHECK WRITE DATE 3	8 n	Adjustment Claim Check Write Date
3671	3677	ADJ CLAIM BENE EOMB AMT 3	7 n	Adjustment claim beneficiary EOMB amount
3678	3684	ADJ CLAIM PROV EOMB AMT 3	7 n	Adjustment claim provider EOMB amount
3685	3692	ADJ DATE 4	8 n	Date of adjustment
3693	3707	XREF ICN 4	15 c	Cross reference ICN number
3708	3711	ADJ CLERK ID 4	4 c	Clerk number
3712	3726	INITIATING CCN 4	15 c	Initiating CCN number
3727	3734	ADJ CLM CHECK WRITE DATE 4	8 n	Adjustment Claim Check Write Date

Start	End	Field	Format	Description
3735	3741	ADJ CLAIM BENE EOMB AMT 4	7 n	Adjustment claim beneficiary EOMB amount
3742	3748	ADJ CLAIM PROV EOMB AMT 4	7 n	Adjustment claim provider EOMB amount
3749	3756	ADJ DATE 5	8 n	Date of adjustment
3757	3771	XREF ICN 5	15 c	Cross reference ICN number
3772	3775	ADJ CLERK ID 5	4 c	Clerk number
3776	3790	INITIATING CCN 5	15 C	Initiating CCN number
3791	3798	ADJ CLM CHECK WRITE DATE 5	8 n	Adjustment Claim Check Write Date
3799	3805	ADJ CLAIM BENE EOMB AMT 5	7 n	Adjustment claim beneficiary EOMB amount
3806	3812	ADJ CLAIM PROV EOMB AMT 5	7 n	Adjustment claim provider EOMB amount
3813	3820	ADJ DATE 6	8 n	Date of adjustment
3821	3855	XREF ICN 6	15 c	Cross reference ICN number
3836	3839	ADJ CLERK ID 6	4 c	Clerk number
3840	3854	INITIATING CCN 6	15 c	Initiating CCN number
3855	3862	ADJ CLM CHECK WRITE DATE 6	8 n	Adjustment Claim Check Write Date
3863	3869	ADJ CLAIM BENE EOMB AMT 6	7 n	Adjustment claim beneficiary EOMB amount
3870	3876	ADJ CLAIM PROV EOMB AMT 6	7 n	Adjustment claim provider EOMB amount
3877	3884	ADJ DATE 7	8 n	Date of adjustment
3885	3899	XREF ICN 7	15 c	Cross reference ICN number
3900	3903	ADJ CLERK ID 7	4 c	Clerk number
30904	3918	INITIATING CCN 7	15 c	Initiating CCN number
3919	3926	ADJ CLM CHECK WRITE DATE 7	8 n	Adjustment Claim Check Write Date
3927	3933	ADJ CLAIM BENE EOMB AMT 7	7 n	Adjustment claim beneficiary EOMB amount
3934	3940	ADJ CLAIM PROV EOMB AMT 7	7 n	Adjustment claim provider EOMB amount
3941	3948	ADJ DATE 8	8 n	Date of adjustment
3949	3963	XREF ICN 8	15 c	Cross reference ICN number
3964	3967	ADJ CLERK ID 8	4 c	Clerk number
3968	3982	INITIATING CCN 8	15 c	Initiating CCN number
3983	3990	ADJ CLM CHECK WRITE DATE 8	8 n	Adjustment Claim Check Write Date
3991	3997	ADJ CLAIM BENE EOMB AMT 8	7 n	Adjustment claim beneficiary EOMB amount
3998	4004	ADJ CLAIM PROV EOMB AMT 8	7 n	Adjustment claim provider EOMB amount
4005	4012	ADJ DATE 9	8 n	Date of adjustment
4013	4027	XREF ICN 9	15 c	Cross reference ICN number
4028	4031	ADJ CLERK ID 9	4 c	Clerk number

Start	End	Field	Format	Description
4032	4046	INITIATING CCN 9	15 c	Initiating CCN number
4047	4054	ADJ CLM CHECK WRITE DATE 9	8 n	Adjustment Claim Check Write Date
4055	4061	ADJ CLAIM BENE EOMB AMT 9	7 n	Adjustment claim beneficiary EOMB amount
4062	4068	ADJ CLAIM PROV EOMB AMT 9	7 n	Adjustment claim provider EOMB amount
4069	4076	ADJ DATE 10	8 n	Date of adjustment
4077	4091	XREF ICN 10	15 c	Cross reference ICN number
4092	4095	ADJ CLERK ID 10	4 c	Clerk number
4096	4110	INITIATING CCN 10	15 c	Initiating CCN number
4111	4118	ADJ CLM CHECK WRITE DATE 10	8 n	Adjustment Claim Check Write Date
4119	4125	ADJ CLAIM BENE EOMB AMT 10	7 n	Adjustment claim beneficiary EOMB amount
4126	4132	ADJ CLAIM PROV EOMB AMT 10	7 n	Adjustment claim provider EOMB amount
4133	4140	ADJ DATE 11	8 n	Date of adjustment
4141	4155	XREF ICN 11	15 c	Cross reference ICN number
4156	4159	ADJ CLERK ID 11	4 c	Clerk number
4160	4174	INITIATING CCN 11	15 c	Initiating CCN number
4175	4182	ADJ CLM CHECK WRITE DATE 11	8 n	Adjustment Claim Check Write Date
4183	4189	ADJ CLAIM BENE EOMB AMT 11	7 n	Adjustment claim beneficiary EOMB amount
4190	4196	ADJ CLAIM PROV EOMB AMT 11	7 n	Adjustment claim provider EOMB amount
4197	4204	ADJ DATE 12	8 n	Date of adjustment
4205	4219	XREF ICN 12	15 c	Cross reference ICN number
4220	4223	ADJ CLERK ID 12	4 c	Clerk number
4224	4238	INITIATING CCN 12	15 c	Initiating CCN number
4239	4246	ADJ CLM CHECK WRITE DATE 12	8 n	Adjustment Claim Check Write Date
4247	4254	ADJ CLAIM BENE EOMB AMT 12	7 n	Adjustment claim beneficiary EOMB amount
4255	4260	ADJ CLAIM PROV EOMB AMT 12	7 n	Adjustment claim provider EOMB amount
4261	4268	ADJ DATE 13	8 n	Date of adjustment
4269	4283	XREF ICN 13	15 c	Cross reference ICN number
4284	4287	ADJ CLERK ID 13	4 c	Clerk number
4288	4302	INITIATING CCN 13	15 c	Initiating CCN number
4303	4310	ADJ CLM CHECK WRITE DATE 13	8 n	Adjustment Claim Check Write Date
4311	4317	ADJ CLAIM BENE EOMB AMT 13	7 n	Adjustment claim beneficiary EOMB amount
4318	4324	ADJ CLAIM PROV EOMB AMT 13	7 n	Adjustment claim provider EOMB amount

Start	End	Field	Format	Description
4325	4332	ADJ DATE 14	8 n	Date of adjustment
4333	4347	XREF ICN 14	15 c	Cross reference ICN number
4348	4351	ADJ CLERK ID 14	4 c	Clerk number
4352	4366	INITIATING CCN 14	15 c	Initiating CCN number
4367	4374	ADJ CLM CHECK WRITE DATE 14	8 n	Adjustment Claim Check Write Date
4375	4381	ADJ CLAIM BENE EOMB AMT 14	7 n	Adjustment claim beneficiary EOMB amount
4382	4388	ADJ CLAIM PROV EOMB AMT 14	7 n	Adjustment claim provider EOMB amount
4389	4396	ADJ DATE 15	8 n	Date of adjustment
4397	4411	XREF ICN 15	15 c	Cross reference ICN number
4412	4415	ADJ CLERK ID 15	4 c	Clerk number
4416	4430	INITIATING CCN 15	15 c	Initiating CCN number
4431	4438	ADJ CLM CHECK WRITE DATE 15	8 n	Adjustment Claim Check Write Date
4439	4445	ADJ CLAIM BENE EOMB AMT 15	7 n	Adjustment claim beneficiary EOMB amount
4446	4452	ADJ CLAIM PROV EOMB AMT 15	7 n	Adjustment claim provider EOMB amount
4453	4460	ADJ DATE 16	8 n	Date of adjustment
4461	4475	XREF ICN 16	15 c	Cross reference ICN number
4476	4479	ADJ CLERK ID 16	4 c	Clerk number
4480	4494	INITIATING CCN 16	15 c	Initiating CCN number
4495	4502	ADJ CLM CHECK WRITE DATE 16	8 n	Adjustment Claim Check Write Date
4503	4509	ADJ CLAIM BENE EOMB AMT 16	7 n	Adjustment claim beneficiary EOMB amount
4510	4516	ADJ CLAIM PROV EOMB AMT 16	7 n	Adjustment claim provider EOMB amount
4517	4524	ADJ DATE 17	8 n	Date of adjustment
4525	4539	XREF ICN 17	15 c	Cross reference ICN number
4540	4543	ADJ CLERK ID 17	4 c	Clerk number
4544	4558	INITIATING CCN 17	15 c	Initiating CCN number
4559	4566	ADJ CLM CHECK WRITE DATE 17	8 n	Adjustment Claim Check Write Date
4567	4573	ADJ CLAIM BENE EOMB AMT 17	7 n	Adjustment claim beneficiary EOMB amount
4574	4580	ADJ CLAIM PROV EOMB AMT 17	7 n	Adjustment claim provider EOMB amount
4581	4840		260 C	

1.5 Claim Detail Layout

Table 5: MCS Claim Detail Layout

Start	End	Field	Format	Description
1	1	Claim control type	1 C	
2	3	Detail number	2 C	
4	5	Plan Code	2 N	
6	18	ICN	13 N	
19	20	DETAIL NUMBER	2 n	Detail Number
21	21	DTL PAYABLE AT 80% FLAG	1 c	Detail payable at 80%
22	22	DTL SUBJECT TO DED FLAG	1 c	Detail subject to cash deductible
23	23	DTL SUBJECT TO BLOOD DED FLAG	1 c	Detail subject to blood deductible
24	24	DTL SUBJECT TO PHYS THER LIMITS FLAG	1 c	Detail subject to physical therapy limits
25	25	DTL SUBJECT TO PSYCH LIMITS FLAG	1 c	Detail subject to psychiatric limits
26	26	DTL SUBJECT TO OCC THER LIMITS FLAG	1 c	Detail subject to occupational therapy limits
27	27	DTL DENIED FOR PYMT FLAG	1 c	Detail denied for payment
28	28	DTL STATUS FLAG	1 C	Detail status flag
29	36	DTL FROM DATE OF SERVICE	8 N	From date of service
37	44	DTL TO DATE OF SERVICE	8 N	To Date of Service
45	46	DTL PLACE OF SERVICE	2 C	2 digit place of service
47	47	DTL TYPE OF SERVICE	1 C	Type of service
48	52	DTL PROC CODE	5 C	Procedure Number
53	54	DTL MOD ONE	2 C	First procedure modifier
55	56	DTL MOD TWO	2 C	Second procedure modifier
57	58	DTL MOD THREE	2 C	Third procedure modifier
59	60	DTL MOD FOUR	2 C	Fourth procedure modifier
61	61	INCLUDE FOR DUPE INDICATOR	1 c	Inc for Dup indicator
62	62	DME PTH DETAIL IND	1 c	DME/Pathology Detail
63	63	PEER REVIEW FLAG	1 c	Peer review flag
64	68	NUMBER OF SERVICES BILLED	5 n	Services billed
69	73	NUMBER OF SERVICES ALLOWED	5 n	Services allowed
74	80	DTL BILLED AMOUNT	7 n	Billed amount
81	87	DTL ALLOWED AMOUNT	7 n	Allowed amount
88	94	DTL PAID AMOUNT	7 n	Total detail paid amount
95	95	DTL PRICING FLAG	1 C	Pricing flag
96	102	LEVEL 1 PROFILE AMOUNT	7 n	L1 profile amount (XXXXX.XX)-customary amount

Start	End	Field	Format	Description
103	109	LEVEL 2 PROFILE AMOUNT	7 n	L2 PROFILE AMT (XXXXX.XX)-prevailing
110	116	LEVEL 3 PROFILE AMOUNT	7 n	L3 PROFILE AMT OR RVS UNITS
117	117	DTL PROFILE INDICATOR	1 C	Profile indicator
118	121	RVU UNITS	4 N	Relative value units
122	124	DTL NON COVERED MESSAGE	3 c	Three digit non covered message code
125	127	DTL NON COVERED AUDIT	3 N	Three digit Audit number
128	128	DTL AUDIT INDICATOR	1 c	Audit Indicator
129	129	PAR/NON PAR PRICING INDICATOR	1 C	PAR/NONPAR pricing indicator
130	130	PROC FLAG A	1 C	Procedure code flag A
131	131	PROC FLAG B	1 C	Procedure code flag B
132	132	PROC FLAG C	1 C	Procedure code flag C
133	133	PROC FLAG D	1 C	Procedure code flag D
134	134	PROC FLAG E	1 C	Procedure code flag E
135	135	PROC FLAG F	1 C	Procedure code flag F
136	136	PROC FLAG G	1 C	Procedure code flag G
137	137	PROC FLAG H	1 C	Procedure code flag H
138	138	PROC FLAG I	1 C	Procedure code flag I
139	139	PROC FLAG J	1 C	Procedure code flag J
140	140	PROC FLAG K	1 C	Procedure code flag K
141	141	PROC FLAG L	1 C	Procedure code flag L
142	142	PROC FLAG M	1 C	Procedure code flag M
143	143	PROC FLAG N	1 C	Procedure code flag N
144	144	PROC FLAG O	1 C	Procedure code flag O
145	145	PROC FLAG P	1 C	Procedure code flag P
146	146	PROC FLAG Q	1 C	Procedure code flag Q
147	147	PROC FLAG R	1 C	Procedure code flag R
148	148	PROC FLAG S	1 C	Procedure code flag S
149	149	PROC FLAG T	1 C	Procedure code flag T
150	150	PROC FLAG U	1 C	Procedure code flag U
151	151	PROC FLAG V	1 C	Procedure code flag V
152	152	PROC FLAG W	1 C	Procedure code flag W
153	153	PROC FLAG X	1 C	Procedure code flag X
154	154	PROC FLAG Y	1 C	Procedure code flag Y
15	15	PROC FLAG Z	1 C	Procedure code flag Z
156	156	PROC FLAG 0	1 C	Procedure code flag 0
157	157	PROC FLAG 1	1 C	Procedure code flag 1
158	158	PROC FLAG 2	1 C	Procedure code flag 2
159	159	PROC FLAG 3	1 C	Procedure code flag 3
160	160	PROC FLAG 4	1 C	Procedure code flag 4
161	161	PROC FLAG 5	1 C	Procedure code flag 5

Start	End	Field	Format	Description
162	162	PROC FLAG 6	1 C	Procedure code flag 6
163	163	PROC FLAG 7	1 C	Procedure code flag 7
164	164	PROC FLAG 8	1 C	Procedure code flag 8
165	165	PROC FLAG 9	1 C	Procedure code flag 9
166	166	PROC FLAG +	1 C	Procedure code flag plus
167	167	PROC FLAG -	1 C	Procedure code flag minus
168	168	PROC FLAG =	1 C	Procedure code flag equal
169	169	PROC FLAG *	1 c	Procedure code flag stars
170	170		1 C	
171	172	DTL PERF PROV STATE CODE	2 C	Detail performing provider state code
173	181	DTL PERF PROV ZIP CODE	9 N	Detail performing provider zip code
182	191	DTL PERF PROV	10 C	Detail performing provider
192	201	DTL PERF PROV EIN NUMBER	10 C	Detail performing provider EIN Number
202	203	DTL PERF PROV TYPE	2 C	Detail performing provider type
204	205	DTL PERF PROV SPECIALTY	2 C	Detail performing provider specialty
206	206	DTL PERF PROV GROUP INDICATOR	1 C	Detail performing provider group indicator
207	208	DTL PERF PROV PRICING SPECIALTY	2 C	Detail performing provider pricing spec
209	210	DTL PERF PROV COUNTY	2 C	Detail performing provider county
211	211	DTL PERF PROV STATUS	1 C	Detail performing provider status
212	213	DTL PERF PROV LOC	2 C	Detail performing provider locality
214	214	DTL DIAGNOSIS TYPE	1 C	Detail diagnosis code type
215	221	DTL DIAGNOSIS CODE - PRIMARY	7 C	Primary detail diagnosis code
222	224	DTL PRE CARE DAYS	3 N	Pre-care days (XXX)-days before surgery
225	227	DTL POST CARE DAYS	3 N	Post-care days (XXX)-days after a surgery
228	228	PROC STATUS CODE	1 C	Procedure status code
229	229	PROF TECH INDICATOR	1 C	Professional/technical component indicator
230	230	MULT SURG INDICATOR	1 C	Multiple surgery indicator
231	231	BILATERAL SURGERY INDICATOR	1 C	Bilateral surgery indicator
232	232	ASSIST SURG INDICATOR	1 C	Assistant surgeon indicator
233	233	TWO SURGERY INDICATOR	1 C	Two surgery indicator
234	234	TEAM SURGERY INDICATOR	1 C	Team surgery indicator
235	235	BILLABLE SUPPLY	1 C	Billable supply indicator

Start	End	Field	Format	Description
		INDICATOR		
236	236	SITE OF SERVICE DIFFERENCE	1 C	Site of service difference
237	239	GLOBAL SURGERY DAYS	3 c	Global surgery days
240	240	PAYABLE UNITS INDICATOR	1 C	Payable units indicator
241	241	IMAGINING CAP INDICATOR	1 c	Imaging Cap Indicator
242	244	DTL EOMB MSG (2)	3 c	Detail EOMB message 2
245	247	DTL EOMB MSG (3)	3 c	Detail EOMB message 3
248	262	DUPLICATE ICN	15 n	Duplicate claim Internal control number
263	270	DUPLICATE PAID DATE	8 N	Duplicate Internal control number paid date
271	279	DUPE CHECK NUMBER	9 N	Duplicate external check number
280	280	DUPE INDICATOR	1 C	Duplicate Internal control number indicator
281	287	DTL HPSA PAYMENT	7 N	HPSA payment amount
288	294	DTL SCAR PAYMENT	7 N	Physician Scarcity payment amount
295	299	UPCODE/	5 C	Detail upcode/downcode procedure
300	304	DTL SUB PROC	5 C	Detail subsequent procedure
305	311	DTL PROV PAID	7 N	Detail provider paid amount
312	318	DTL BENE PAID	7 N	Detail beneficiary paid amount
319	319	DTL BLOOD DED	1 N	Detail blood deductible
320	324	DTL REG DED	5 n	Detail regular deductible
325	331	DET PSYC LIMIT	7 n	Detail psychiatric limit
332	338	DET PHYS LIMIT	7 n	Detail physical therapy limit
339	345	DTL OCC THER LIMIT	7 n	Detail occupational therapy limit
346	347	DTL MSP TYPE	2 C	Detail MSP type
348	354	DTL MSP ALLOWED	7 n	Detail MSP allowed amount
355	136	DTL MSP PAID AMOUNT	7 n	Detail MSP payable amount
362	368	DTL CPT INT AMT	7 n	Detail CPT Interest amount
362	368	DTL SIM PROF COMP AMT	7 n	Simulated Professional Component Amount
376	382	DTL COINS AMT	7 n	Detail coinsurance amount
383	389	DTL MSP CUTBACK AMT	7 n	Detail MSP cutback amount
390	396	DTL LATE FILING RED	7 n	Detail late filing reduction
397	406	DTL REND PROV NPI	10 C	Detail rendering provider NPI
407	416	DTL REND PROV NUMBER	10 C	Detail rendering provider Number- individual that performed the procedure
417	422	DTL REND UPIN NUMBER	6 C	Detail rendering provider UPIN Number
423	424	DTL REND PROV TYPE	2 c	Detail rendering provider type
425	426	DTL REND PROV SPEC	2 c	Detail rendering provider spec
427	433	DTL DEMO CUTBACK	7 n	Demo cutback
434	440	DTL ORIG ALLOWED AMT	7 n	Original allowed amount

Start	End	Field	Format	Description
441	447	DTL RESN AMOUNT	7 n	Reasonable amount
448	452	DTL ENDO PROC	5 c	Endoscopy procedure
453	459	DTL ENDO FEE	7 n	Endoscopy fee schedule
460	460	DTL DIAG POINTER	1 C	Detail diagnosis pointer
461	461	DTL DIAG PTR 2	1 C	Detail diagnosis pointer
462	462	DTL DIAG PTR 3	1 C	Detail diagnosis pointer
463	463	DTL DIAG PTR 4	1 C	Detail diagnosis pointer
464	464	DTL ASC PROC IND	1 C	
465	465	DTL ASC COINS IND	1 C	
466	466	DTL ASC MULT PROC IND	1 C	
467	467	DTL ASC MOD IND	1 C	
468	567		100 C	
568	568	K TRAILER		
568	568	DTL MAN PRIC IND	1 c	Manual pricing indicator
569	569	DTL CUTBACK ACTION	1 c	Cutback action code
570	572	DTL COMP CUTBACK CODE	3 N	Computer cutback code
573	573	DTL COMP CUTBACK IND	1 C	Computer cutback indicator
574	580	DTL COMPT CUTBACK AMT	7 N	Computer cutback amount
581	581	DTL MAN CUTBACK TYPE	1 C	Cutback type
582	584	DTL MAN CUTBACK CODE	3 N	Manual cutback code
585	585	DTL CUTBACK IND	1 c	Manual cutback indicator
586	592	DTL CUTBACK AMT	7 N	Manual cutback amount
593	593	DTL CUTBACK TYPE	1 c	Cutback type
594	596	DTL PRICING CUTBACK CODE	3 N	Pricing cutback code
597	597	DTL CUTBACK IND	1 C	Pricing cutback indicator
598	604	DTL CUTBACK AMT	7 N	Pricing cutback amount
605	607	DTL SSA CUTBACK CODE	3 N	SSA cutback code
608	608	DTL SSA CUTBACK IND	1 C	SSA cutback indicator
609	615	DTL SSA CUTBACK AMT	7 N	SSA cutback amount
616	618	DTL MULT SURG CUTBACK CODE	3 c	Multiple surgery cutback code
619	619	DTL MULT SURG CUTBACK IND	1 C	Multiple surgery indicator
620	626	DTL MULT SURG CUTBACK AMT	7 N	Multiple surgery cutback amount
627	627	Audits Failed		
627	629	DTL AUDIT NUMBER 1	3 N	Audit number
630	630	DTL AUDIT IND 1	1 C	Audit indicator

Start	End	Field	Format	Description
631	631	DTL AUDIT DISP 1	1 C	Audit disposition
632	634	DTL AUDIT NUMBER 2	3 n	Audit number
635	635	DTL AUDIT IND 2	1 c	Audit indicator
636	636	DTL AUDIT DISP 2	1 c	Audit disposition
637	639	DTL AUDIT NUMBER 3	3 n	Audit number
640	640	DTL AUDIT IND 3	1 c	Audit indicator
641	641	DTL AUDIT DISP 3	1 c	Audit disposition
642	644	DTL AUDIT NUMBER 4	3 n	Audit number
645	645	DTL AUDIT IND 4	1 c	Audit indicator
646	646	DTL AUDIT DISP 4	1 c	Audit disposition
647	649	DTL AUDIT NUMBER 5	3 n	Audit number
650	650	DTL AUDIT IND 5	1 c	Audit indicator
651	651	DTL AUDIT DISP 5	1 c	Audit disposition
652	654	DTL AUDIT NUMBER 6	3 n	Audit number
655	655	DTL AUDIT IND 6	1 c	Audit indicator
65	656	DTL AUDIT DISP 6	1 c	Audit disposition
657	659	DTL AUDIT NUMBER 7	3 n	Audit number
660	660	DTL AUDIT IND 7	1 c	Audit indicator
661	661	DTL AUDIT DISP 7	1 c	Audit disposition
662	664	DTL AUDIT NUMBER 8	3 n	Audit number
665	665	DTL AUDIT IND 8	1 c	Audit indicator
666	666	DTL AUDIT DISP 8	1 c	Audit disposition
667	669	DTL AUDIT NUMBER 9	3 n	Audit number
670	670	DTL AUDIT IND 9	1 C	Audit indicator
671	671	DTL AUDIT DISP 9	1 C	Audit disposition
672	674	DTL AUDIT NUMBER 10	3 N	Audit number
675	675	DTL AUDIT IND 10	1 C	Audit indicator
676	676	DTL AUDIT DISP 10	1 C	Audit disposition
677	679	DTL AUDIT NUMBER 11	3 N	Audit number
680	680	DTL AUDIT IND 11	1 C	Audit indicator
681	816	DTL AUDIT DISP 11	1 C	Audit disposition
682	684	DTL AUDIT NUMBER 12	3 N	Audit number
685	685	DTL AUDIT IND 12	1 C	Audit indicator
686	686	DTL AUDIT DISP 12	1 C	Audit disposition
687	690	DTL MPA OVER FLAG	1 C	Detail MPAP override flag
691	693	DTL MPA OVER AUDIT NUMBER	3 N	Detail MPAP override audit
694	694	DTL MPA OVER IND	1 C	Detail MPAP override indicator
695	698	SCF RULE NUMBER 1	4 c	SCF update rule number
699	706	SCF RULE DATE 1	8 n	Date of SCF update rule applied
707	710	SCF RULE NUMBER 2	4 C	SCF update rule number
711	718	SCF RULE DATE 2	8 N	Date of SCF update rule applied
719	722	SCF RULE NUMBER 3	4 C	SCF update rule number
723	730	SCF RULE DATE 3	8 N	Date of SCF update rule applied
731	734	SCF RULE NUMBER 4	4 C	SCF update rule number
735	742	SCF RULE DATE 4	8 N	Date of SCF update rule applied

Start	End	Field	Format	Description
743	746	SCF RULE NUMBER 5	4 C	SCF update rule number
747	754	SCF RULE DATE 5	8 N	Date of SCF update rule applied
755	758	SCF RULE NUMBER 6	4 C	SCF update rule number
759	766	SCF RULE DATE 6	8 N	Date of SCF update rule applied
767	773	DTL OTAF	7 N	Obligated to accept in full amount (OTAF)
774	776	DTL CUTBACK MSG NUMBER (COMP)	3 c	Computer cutback message
777	779	DTL CUTBACK MESSAGE NUMBER (PRICING)	3 c	Pricing cutback message
780	782	DTL CUTBACK MESSAGE NUMBER (MANUAL)	3 c	Manual cutback message
783	783	DTL MSP CAL TYPE FROM MSPPAY	1 c	MSP calculation type
784	788	DTL REBUND PROC CODE	5 c	Rebundling procedure (HCFA correct coding initiative, based upon the HCFA procedure files)
789	790	DTL REBUN MOD 1	2 c	Rebundling modifier 1 (HCFA correct coding initiative, based upon the HCFA procedure files)
791	792	DTL REBUN MOD 2	2 c	Rebundling modifier 2 (HCFA correct coding initiative, based upon the HCFA procedure files)
793	793	DTL REBUN AUDIT FLAG	1 c	Rebundling audit flag (HCFA correct coding initiative, based upon the HCFA procedure files)
794	794	DTL CERT TYPE	1 c	Type of certification number present
795	804	DTL CERT NUMBER	10 c	Certification number
805	821	DTL EMC LINE ITEM CONT NUMBER	17 C	Line Item Control Number
822	828	DTL PREV PROV PAID AMT	7 N	Previous provider paid amount
829	835	DTL PREV BENE PAID AMT	7 N	Previous bene paid amount
836	842	DTL PREV INT PAID AMT	7 N	Previous Interest paid amount
843	849	DTL LATE FILING RED AMT	7 N	Previous late filing reduction amount
850	852	DTL ORIG REPORT AUDIT	3 N	Original reporting audit
853	853	DTL ORIG REPORT IND	1 C	Original reporting indicator
854	854	DTL ORIG REPORT DISP	1 C	Original reporting audit disposition
855	855	DTL ORIG MR CATAGORY	1 C	Original reporting MR category
856	857	DTL ADJ ORIG DTL NUMBER	2 C	Adjustment original detail number

Start	End	Field	Format	Description
858	887	DTL PRESC NUMBER	30 C	Prescription number
888	896	DTL IMAG CAP AMT	9 N	Imaging cap amount
897	898	DTL CLINLAB DEMO ZONE	2 C	Clinical lab demonstration zone
899	901	HCT LEVEL	3 N	Hematocrit level
902	904	HBG LEVEL	3 N	Hemoglobin level
905	1004	FILLER	100 C	
1005	1005	DTL HPSA FLAG	1 C	HPSA eligibility indicator
1006	1006	DTL PHY SCAR FLAG	1 C	Physician Scarcity eligibility indicator
1007	1017	DTL LMRP POL 1	11C	Local Medical Review Policy number 1
1018	1028	DTL LMRP POL 2	11C	Local Medical Review Policy number 2
1029	1039	DTL LMRP POL 3	11C	Local Medical Review Policy number 3
1040	1050	DTL LMRP POL 4	11C	Local Medical Review Policy number 4
1051	1051			CWF Detail Error and Override Codes
1051	1054	CWF DTL ERROR CODE (1)	4c	CWF Detail Error Code
1055	1055	CWF DTL OVERRIDE CODE (1)	1C	CWF Detail Override
1056	1059	CWF DTL ERROR CODE (2)	4c	CWF Detail Error Code
1060	1060	CWF DTL OVERRIDE CODE (2)	1C	CWF Detail Override
1061	1064	CWF DTL ERROR CODE (3)	4c	CWF Detail Error Code
1065	1065	CWF DTL OVERRIDE CODE (3)	1C	CWF Detail Override
1066	1069	CWF DTL ERROR CODE (4)	4c	CWF Detail Error Code
1070	1070	CWF DTL OVERRIDE CODE (4)	1C	CWF Detail Override
1071	1074	CWF DTL ERROR CODE (5)	4c	CWF Detail Error Code
1075	1075	CWF DTL OVERRIDE CODE (5)	1C	CWF Detail Override
1076	4840	FILLER	3765 C	

1.6 File Trailer Layout

Table 6: MCS File Trailer Layout

Start	End	Field	Format	Description
1	1	Contractor Type Identifier	1 C	
2	3	Record Type Identifier	2 C	
4	18	Filler	15 N	
19	27	Claim Count	9 N	

28	36	Record Count	9 N	
37	4840	FILLER		

ATTACHMENT A – VMS FILE LAYOUT

1.7 File Header Layout

Table 7: VMS File Header Layout

Start	End	Field Name	Type	Length	Description
1	25	IDR-REC-KEY	GROUP		IDR Record Key Group
1	5	IDR-REC-CARRIER	X(5)	16003, 17003, 18003, 19003	Unique carrier identification number
6	7	IDR-REC-PHASE	X(2)	01, 02, 03	Indicates which of the 3 phases of the IDR life cycle are reported in this file
8	8	IDR-REC-TYPE	X(1)	A - file header	Identifies the type of records summarized for IDR
9	23	IDR-REC-FULL-CCN	GROUP		Full CCN Group
9	20	IDR-REC-CCN-BASE	X(12)	only spaces	Placeholder to maintain consistency with related records
21	23	IDR-REC-CCN-TYPE	GROUP		CCN Type Group
21	21	CCN-SPLIT	X(1)	only spaces	Placeholder to maintain consistency with related records.
22	22	CCN-REPLICATE	X(1)	only spaces	Placeholder to maintain consistency with related records
23	23	CCN-ADJUSTMENT	X(1)	only spaces	Placeholder to maintain consistency with related records
24	25	IDR-REC-LINE	9(2)	'00'	Two-byte placeholder to maintain consistency with related records
26	32	EXTRACT-DATE	X(7)	CCYYDDD	The date the batch cycle is run (CYCLE -DATE)
33	2500	FILLER	X(2468)		Filler

1.8 Claim Header Layout

Table 8: VMS Claim Header Layout

Start	End	Field Name	Type	Length	Description
1	25	IDR-REC-KEY	GROUP		IDR Record Key Group
1	5	IDR-REC-CARRIER	X(5)	16003, 17003, 18003, 19003	Unique carrier identification number

Start	End	Field Name	Type	Length	Description
6	7	IDR-REC-PHASE	X(2)	01, 02, 03	Indicates in which of the 3 phases in the IDR life cycle the claim is reported
8	8	IDR-REC-TYPE	X(1)	B - claim header	Identifies the type of records summarized for IDR
9	23	IDR-REC-FULL-CCN	GROUP		Full CCN Group
9	20	IDR-REC-CCN-BASE	X(12)		The first 12 bytes of the full Claim Control Number (CCN). The number is in CYYJJJBBBBSS format, where: C = century indicator YY = last two digits of the year JJJ = Julian Date BBBB = Batch Number (00002 - 10999) SS = Sequence Number (002 - 109)
21	21	CCN-SPLIT	X(1)	0 - 9	The 13th byte of the full CCN that indicates if the claim has been split. A claim may be split up to 9 times. Zero indicates that the claim is not a split.
22	22	CCN-REPLICATE	X(1)	0 - 9	The 14th byte of the full CCN that indicates if the claim has been replicated. A claim may be replicated up to 9 times. Zero indicates than the claim is not a replicate.
23	23	CCN-ADJUSTMENT	X(1)	0 - 9	The 15th byte of the full CCN that indicates if the claim has been adjusted. A claim may be adjusted up to 9 times. Zero indicates than the claim is not an adjustment.
24	25	IDR-REC-LINE	9(2)	'00'	Zero filled two byte placeholder to maintain consistency with related records
26	26	CONTRACTOR-ID-KEY	X(1)	1	The unique system generated ID number for a contractor.
27	38	HICN-KEY	X(12)		The unique ID used to identify a Medicare Beneficiary.

Start	End	Field Name	Type	Length	Description
39	39	RECORD-TYPE-KEY	X(1)	B	The record type that is used by Control for the CIP file process and History.
40	54	CCN-KEY	X(15)		The unique 15 byte number assigned to each claim.
55	55	CONTRACTOR-AREA	X(1)	1	Area ID of the Contractor
56	59	CTL-NAME-KEY	X(4)		Beneficiary verification field comprised of the first three letters of the Beneficiary's last name plus the first letter of the Beneficiary's first name.
60	61	LOCATION-CURR	X(2)	10-Feb	Indicates where a claim currently resides in the claim process.
62	63	STATUS-CURR	X(2)	Jan-99	Indicates the current status of a claim.
64	70	STOP-DATE-CURR	X(7)	CCYYDDD, <spaces>	The system date the claim was placed into the current location/status.
71	72	LOCATION-PREV	X(2)	02 - 10, <spaces>	The previous location of a claim.
73	74	STATUS-PREV	X(2)	01 - 99, <spaces>	The previous status of a claim.
75	81	STOP-DATE-PREV	X(7)	CCYYDDD, <spaces>	The system date the claim was placed into the previous location/status.
82	82	LANGUAGE-CODE	X(1)	1 - English 2 - Spanish <spaces>	Indicates whether the communications with the beneficiary may be in English or Spanish and designates the library in which the letter is stored. Communications with the provider/supplier are in English.
83	89	INT-AMT-BENE	9(5)V99		Amount of Claim Processing Timeliness (CPT) interest paid to the Beneficiary due to the late processing of claim.
90	94	INT-RATE-BENE	9(3)V99		The interest rate (percentage) used to determine the interest amount paid to the Beneficiary.
95	97	INT-DAYS-BENE	9(3)		The number of days for

Start	End	Field Name	Type	Length	Description
					which the interest to the Beneficiary is paid.
98	104	INT-AMT-PROV	9(5)V99		Amount of Claim Processing (CPT) interest paid to a Provider/Supplier due to the late processing of a claim.
105	109	INT-RATE-PROV	9(3)V99		The interest rate (percentage) used to determine the interest amount paid to the Provider/Supplier.
110	112	INT-DAYS-PROV	9(3)		The number of days for which the interest to the Provider/Supplier is paid.
113	121	OCNA-KEY	X(9)		Value used to identify the Beneficiary's other insurance carrier.
122	137	MEDIGAP-NBR	GROUP		The Medigap OCNA number assigned by the carrier.
122	122	MEDIGAP-NBR-1	X(1)		
123	139	FILLER	X(17)		Filler
140	265	CLAIM-PROGRESSION	GROUP		Each time the location/status of a claim is updated, the information is recorded into the current location/status field, and the history of the prior claim/location status's are stored so that the progression of the claim through the adjudication process can be followed.
140	153	CLAIM-PROGRESS(1)	GROUP		The history of a claims progress through all VMS editing. This field indicates the oldest location and status (and is usually the first location) that a claim resides in.
140	141	LOCATION(1)	X(2)	02 - 10, <spaces>	The oldest location that a claim resides in.
142	143	STATUS(1)	X(2)	01 - 99, <spaces>	The oldest status that a claim resides in.
144	150	STOP-DATE(1)	X(7)	CCYYDDD, <spaces>	The date that the claim was placed in this

Start	End	Field Name	Type	Length	Description
					location/status
151	153	OPER-ID(1)	X(3)		The VMS User ID responsible for the change that caused the claim to go into the location status.
154	167	CLAIM-PROGRESS(2)	GROUP		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in.
154	155	LOCATION(2)	X(2)	02 - 10, <spaces>	The next location that a claim resides in.
156	157	STATUS(2)	X(2)	01 - 99, <spaces>	The next status that a claim resides in.
158	164	STOP-DATE(2)	X(7)	CCYYDDD, <spaces>	The date that the claim was placed in this location/status
165	167	OPER-ID(2)	X(3)		The VMS User ID responsible for the change that caused the claim to go into the location status.
168	181	CLAIM-PROGRESS(3)	GROUP		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in.
168	169	LOCATION(3)	X(2)	02 - 10, <spaces>	The next status that a claim resides in.
170	171	STATUS(3)	X(2)	01 - 99, <spaces>	The next status that a claim resides in.
172	178	STOP-DATE(3)	X(7)	CCYYDDD, <spaces>	The date that the claim was placed in this location/status
179	181	OPER-ID(3)	X(3)		The VMS User ID responsible for the change that caused the claim to go into the location status.
182	195	CLAIM-PROGRESS(4)	GROUP		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in.
182	183	LOCATION(4)	X(2)	02 - 10, <spaces>	The next location that a claim resides in.
184	185	STATUS(4)	X(2)	01 - 99, <spaces>	The next status that a claim resides in.

Start	End	Field Name	Type	Length	Description
186	192	STOP-DATE(4)	X(7)	CCYYDDD, <spaces>	The date that the claim was placed in this location/status
193	195	OPER-ID(4)	X(3)		The VMS User ID responsible for the change that caused the claim to go into the location status.
196	209	CLAIM-PROGRESS(5)	GROUP		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in.
196	197	LOCATION(5)	X(2)	02 - 10, <spaces>	The next location that a claim resides in.
198	199	STATUS(5)	X(2)	01 - 99, <spaces>	The next status that a claim resides in.
200	206	STOP-DATE(5)	X(7)	CCYYDDD, <spaces>	The date that the claim was placed in this location/status
207	209	OPER-ID(5)	X(3)		The VMS User ID responsible for the change that caused the claim to go into the location status.
210	223	CLAIM-PROGRESS(6)	GROUP		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in.
210	211	LOCATION(6)	X(2)	02 - 10, <spaces>	The next location that a claim resides in.
212	213	STATUS(6)	X(2)	01 - 99, <spaces>	The next status that a claim resides in.
214	220	STOP-DATE(6)	X(7)	CCYYDDD, <spaces>	The date that the claim was placed in this location/status
221	223	OPER-ID(6)	X(3)		The user responsible for the change that caused the claim to go into the location status.
224	237	CLAIM-PROGRESS(7)	GROUP		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in.
224	225	LOCATION(7)	X(2)	02 - 10, <spaces>	The next location that a claim resides in.

Start	End	Field Name	Type	Length	Description
226	227	STATUS(7)	X(2)	01 - 99, <spaces>	The next status that a claim resides in.
228	234	STOP-DATE(7)	X(7)	CCYYDDD, <spaces>	The date that the claim was placed in this location/status
235	237	OPER-ID(7)	X(3)		The VMS User ID responsible for the change that caused the claim to go into the location status.
238	251	CLAIM-PROGRESS(8)	GROUP		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in.
238	239	LOCATION(8)	X(2)	02 - 10, <spaces>	The next location that a claim resides in.
240	241	STATUS(8)	X(2)	01 - 99, <spaces>	The next status that a claim resides in.
242	248	STOP-DATE(8)	X(7)	CCYYDDD, <spaces>	The date that the claim was placed in this location/status
249	251	OPER-ID(8)	X(3)		The VMS User ID responsible for the change that caused the claim to go into the location status.
252	265	CLAIM-PROGRESS(9)	GROUP		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in.
252	253	LOCATION(9)	X(2)	02 - 10, <spaces>	The next location that a claim resides in.
254	255	STATUS(9)	X(2)	01 - 99, <spaces>	The next status that a claim resides in.
256	262	STOP-DATE(9)	X(7)	CCYYDDD, <spaces>	The date that the claim was placed in this location/status
263	265	OPER-ID(9)	X(3)		The VMS User ID responsible for the change that caused the claim to go into the location status.
266	275	TIME-PROGRESSION	GROUP		Time Progression Group
266	266	PROGRESS-HOUR(1)	X(1)	hex values for 1 - 24	The system time (hour) the activity was performed.
267	267	PROGRESS-HOUR(2)	X(1)	hex values for 1 - 24	The system time (hour) the activity was

Start	End	Field Name	Type	Length	Description
					performed.
268	268	PROGRESS-HOUR(3)	X(1)	hex values for 1 - 24	The system time (hour) the activity was performed.
269	269	PROGRESS-HOUR(4)	X(1)	hex values for 1 - 24	The system time (hour) the activity was performed.
270	270	PROGRESS-HOUR(5)	X(1)	hex values for 1 - 24	The system time (hour) the activity was performed.
271	271	PROGRESS-HOUR(6)	X(1)	hex values for 1 - 24	The system time (hour) the activity was performed.
272	272	PROGRESS-HOUR(7)	X(1)	hex values for 1 - 24	The system time (hour) the activity was performed.
273	273	PROGRESS-HOUR(8)	X(1)	hex values for 1 - 24	The system time (hour) the activity was performed.
274	274	PROGRESS-HOUR(9)	X(1)	hex values for 1 - 24	The system time (hour) the activity was performed.
275	275	PROGRESS-HOUR(10)	X(1)	hex values for 1 - 24	The system time (hour) the activity was performed.
276	276	HEADER-STATUS	X(1)	1, <space>	If populated, indicates that an error occurred in the claim header information.
277	277	LI-EDIT-STATUS	X(1)	1, <space>	If populated, indicates that an error occurred on a claim line.
278	278	LI-PRICE-STATUS	X(1)		If populated, indicates a pricing EAR.
279	279	DUPE-STATUS	X(1)	1, <space>	If populated, indicates that a duplicate procedure error occurred.
280	280	UT-STATUS	X(1)	1, <space>	If populated, indicates that a utilization error occurred.
281	281	REPLY-STATUS	X(1)		This field indicates if there is an error with the Common Working File (CWF) response, and will list the CWF reply edits received from the host.
282	282	FILLER	X(1)		

Start	End	Field Name	Type	Length	Description
283	289	1PERCENT-REDUCTION-AMT	9(5)V99	<spaces> if no Gramm-Rudman amount	The dollar amount of the reductions originally taken for the Gramm-Rudman determination in 1988.
290	290	REDUCED-PAYMENT-SW	X(1)	0, 1, 8, A, Y	The type of Gramm-Rudman reduction that was applied to the claim.
291	291	GR-IND	X(1)	N, R, Y	This field indicates whether there is a Gramm-Rudman reduction tied to the claim.
292	295	TERMID	X(4)		Identification of the computer terminal on which the activity was keyed.
296	302	COMPUTED-TOT-CHARGE	9(5)V99		The total amount the physician/supplier has submitted for payment. This is the sum of all the line submitted charges on the claim.
303	303	SEQUENCE-REVIEW	X(1)	1, <space>	Indicates that an edit was received on the claim control number (CCN) because the CCN is not within the sequence of claims being processed.
304	304	HICN-REVIEW	X(1)	1, <space>	When populated, indicates an edit was received in relation to the HICN.
305	305	DOR-REVIEW	X(1)	1, <space>	When populated, indicates an edit was received in relation to the claim's Date Of Receipt.
306	306	CLAIM-DUPE-REVIEW	X(1)	1, <space>	When populated, indicates that the claim has been reviewed for duplication of procedures.
307	307	CLAIM-UT-REVIEW	X(1)	1, <space>	When populated, indicates that the claim has had a utilization review which consists of utilization error codes and utilization types.
308	308	CLAIM-REPLY-REVIEW	X(1)	1, <space>	When populated, indicates that the claim

Start	End	Field Name	Type	Length	Description
					has received a system edit that requires a letter be sent requesting a reply.
309	309	REBUND-REVIEW	X(1)	1, <space>	Indicates the type of review that was done for rebundling.
310	310	CLAIM-MULT-MSP-REVIEW	X(1)	0, 1, <space>	When populated, indicates that the entire claim has been reviewed for Multiple MSP situations.
311	311	PAPER-CLM-REVIEW	X(1)	1, <space>	When populated, indicates that the claim has been reviewed and approved for being sent in as a paper claim.
312	317	REVIEW-FILLER	X(6)		Filler
318	319	WHICH-MSP-HIT	X(2)		Indicates the number of Medicare Secondary Payer (MSP) field changes. These changes may include adds, edits or deletes.
320	320	EOB-IND	X(1)	C - conditional I - EOB not applicable N - EOB not attached Y - EOB attached	Indicates whether a Medicare Secondary Payer (MSP) Medicare Summary Notice (MSN) has been attached and whether or not if attached it is conditional or applicable.
321	322	CLM-PATH	X(2)		Path claim is to take for Automated Development System (ADS) follow up. The first position is carrier-defined for ADS (ADST 3 & 4) development. It must be alphabetic, using values M-Z. The second position is carrier-defined and can be either alphabetic or numeric. There is no set definition for this position; it is used only for flexibility when defining claim paths.
323	332	TPL-COST-SAVINGS	GROUP		Cost Savings Group

Start	End	Field Name	Type	Length	Description
323	323	TPL-SUSP-INV	X(1)	1 - Worker's Compensation 2 - Working aged < 70 years old 3 - ESRD 4 - Auto, No Fault 5 - Hospice 6 - Undetermined 7 - Black Lung 8 - Veterans Administratio n 9 - Working Aged > 69 years old A - Disability B - Federal Public Health C - Liability <space>	Indicates the Third Party Liability held by the Beneficiary which determines the type of savings applied to the TPL-SAVINGS field.
324	330	TPL-SAVINGS	9(5)V99	<space>	The total Medicare savings realized on an MSP (Third Party Liability) claim and is associated with the TPL-SUSP-INV field.
331	331	TPL-TYPE-INVOLV	X(1)	1 - Worker's Compensation 2 - Working aged < 70 years old 3 - ESRD 4 - Auto, No Fault 5 - Hospice 6 - Undetermined 7 - Black Lung 8 - Veterans Administratio n 9 - Working Aged > 69 years old A - Disability B - Federal Public Health C - Liability	Indicates the Third Party Liability held by the Beneficiary which determines the type of savings applied to the TPL-TYPE-SAVINGS field.

Start	End	Field Name	Type	Length	Description
				<space>	
332	332	TPL-TYPE-SAVING	X(1)	<space>	The total Medicare savings realized on an MSP (Third Party Liability) claim and is associated with the TPL-TYPE-INVOLV field.
333	333	WORK-COMP	X(1)	A-C, E, H-N, V, W, <space>	Type of MSP Insurance
334	334	RESOLUTION	X(1)	C, D, F, P, S, X, <space>	The resolution of how Medicare is to pay a claim with Medicare Secondary Payer (MSP).
335	341	TPL-ALLOWED	9(5)V99		Amount the primary insurance allows when Medicare is the secondary payer.
342	348	TPL-PAID	9(5)V99		Amount paid by the primary insurer.
349	349	MSP-DEV-SWITCH	X(1)	P, R, S, <space>	Action to be taken on an MSP claim.
350	351	MSP-OCC-MATCHED	9(2)	<spaces> if no MSP	Links to MSP Code definition which is for MSP Insurance. This field is used for Medicare Secondary Payer (MSP) internal tracking.
352	354	ENTRY-OPERATOR	X(3)		The identification number of the operator who performed the activity.

Start	End	Field Name	Type	Length	Description
355	357	APPROVER-CODE	X(3)	CNV, CPY, EMC, SYS, **	The type of activity performed by the operator.
358	358	NAME-ADDRESSF	X(1)	1, <space>	Indicates if an error fired in relation to the name or address on the claim.
359	415	QUERY-DATA	GROUP		CWF Query Data Information Group
359	365	QRY-DATE	X(7)	CCYYYDDD, <space>	Current claim version's CWF query date.
366	372	QRY-DATE-2	X(7)	CCYYYDDD, <space>	Previous claim version's CWF query date.
373	379	QRY-DATE-3	X(7)	CCYYYDDD, <space>	CWF query date of the claim two versions prior to the current claim version.
380	382	QRY-AGE-FACTOR	9(3)	0, 4	The days the claim will be held before the next CWF query is sent.
383	395	QRY-NAME	X(13)		The name of the Beneficiary that will be included on the claim query record to be sent to the Common Working File (CWF).
396	396	QRY-SEX-BLOOD	X(1)	0 - Female, 0 blood units 1 - Male, 0 blood units 2 - Female, 0 blood units C - Male, 1 blood unit E - Male, 2 blood units G - Male, 3 blood units L - Female, 1 blood unit N - Female, 2 blood units O - Female, 3 blood units P - Female, 3 blood units low values	The sex and the unused units of blood deductible for the Beneficiary.
397	399	QRY-RESEND-DAYS	9(3)		Not used.

Start	End	Field Name	Type	Length	Description
400	400	QRY-ENTRY-CODE	X(1)	1 - original claim 3 - voided claim 5 - replacement claim 9 - accrete to history	This identifies the type of request for the claim that is being sent to the Common Working File (CWF).
401	407	QRY-AMOUNT-PAID	9(5)V99		The amount paid value that will be included on the claim query record to be sent to the Common Working File (CWF).
408	414	QRY-990-DATE	X(7)		No longer used by DMAC.
415	415	FILLER	X(1)		Filler
416	422	EST-MAIL-DATE	X(7)	CCYYDDD, <spaces>	Estimated date that the claim will be mailed out for claims on the payment floor.
423	427	EST-AMT-TO-DED	9(3)V99		This is the estimated dollar amount that has been applied toward the Beneficiary's yearly Medicare deductible.
428	428	EST-AMT-TO-BLOOD	9(1)		Estimated number of units to be applied to the Beneficiary's blood deductible.
429	435	EST-AMT-TO-PSYCH	9(5)V99		Estimated number of units to be applied to the Beneficiary's psychiatric deductible.
436	442	EST-AMT-TO-PT	9(5)V99		Estimated amount to be applied to the physical therapy (PT) deductible.
443	449	EST-AMT-TO-OT	9(5)V99		Estimated amount to be applied to the physical therapy (ST) deductible.
450	571	REPLY-DATA	GROUP		CWF Reply Data Group
450	456	RPL-DATE	X(7)	CCYYDDD, <spaces>	The current date of the Common Working File (CWF) response.
457	458	RPL-DISP-CODE	X(2)		The disposition code sent back by the Common Working File (CWF) with the RPL-DATE response.
459	465	RPL-DATE-2	X(7)	CCYYDDD, <spaces>	The date of the previous Common Working File (CWF) response.

Start	End	Field Name	Type	Length	Description
466	467	RPL-DISP-CODE-2	X(2)		The disposition code sent back by the Common Working File (CWF) with the RPL-DATE-2 response.
468	474	RPL-DATE-3	X(7)	CCYYDDD, <spaces>	The date of the Common Working File (CWF) response two incidences prior to the current response.
475	476	RPL-DISP-CODE-3	X(2)		The disposition code sent back by the Common Working File (CWF) with the RPL-DATE-3 response.
477	477	RPL-BLOOD-DED-REM	X(1)		The units (pints) of blood remaining in the Beneficiary's blood deductible prior to the processing of the current claim.
478	482	RPL-CASH-DED-REM	9(3)V99		Cash amount of the deductible remaining prior to the processing of the current claim.
483	500	RPL-TRAILERS	X(18)	Jan-39	The Common Working File (CWF) response (9 possible) trailers received.
501	512	RPL-XREF-HICN	X(12)		The old HICN which is used as a cross reference to a correct HICN when the HICN number has been received from CWF for a Beneficiary.
513	524	RPL-CORRECT-HICN	X(12)		The corrected HICN which has been received from CWF.
525	531	RPL-PSYCH-REM	9(5)V99		The amount remaining in the Beneficiary's PSYCH deductible prior to the processing of the current claim.
532	538	RPL-PT-REM	9(5)V99		The amount remaining in the Beneficiary's PT (Physical Therapy) deductible prior to the processing of the current claim.

Start	End	Field Name	Type	Length	Description
539	545	RPL-OT-REM	9(5)V99		The amount remaining in the Beneficiary's OT (Occupational Therapy) deductible prior to the processing of the current claim.
546	549	RPL-ERROR-2	X(4)		Previous CWF Reply error code associated with RPL-DISP-CODE-2.
550	553	RPL-ERROR-3	X(4)		Previous CWF Reply error code associated with RPL-DISP-CODE-3.
554	555	FILLER	X(2)		Filler
556	559	RPL-ERROR-CODE(1)	X(4)		The most recent CWF error code received associated with RPL-DISP-CODE.
560	563	RPL-ERROR-CODE(2)	X(4)		The most recent CWF error code received associated with RPL-DISP-CODE.
564	567	RPL-ERROR-CODE(3)	X(4)		The most recent CWF error code received associated with RPL-DISP-CODE.
568	571	RPL-ERROR-CODE(4)	X(4)		The most recent CWF error code received associated with RPL-DISP-CODE.
572	578	DATE-ENTERED	X(7)	CCYYDDD, <spaces>	The date the claim was entered into the system.
579	585	DATE-PAID	X(7)	CCYYDDD, <spaces>	The date the claim was paid.
586	592	CHECK-NBR	X(7)		The check number of the claim payment.
593	593	BLOOD-TO-DED	9(1)		Units (pints) of blood applied to the blood deductible.
594	600	AMT-PAID-TO-BENE	9(5)V99		The amount paid by Medicare to the Beneficiary for the treatment or supplies listed on the claim.
601	607	AMT-OFFSET-BENE	9(5)V99		Benefit amount used to offset an outstanding account receivable owed by the Beneficiary.

Start	End	Field Name	Type	Length	Description
608	614	AMT-PAID-TO-PROVIDER	9(5)V99		The amount paid by Medicare to the Provider for the treatment or supplies listed on the claim.
615	621	AMT-OFFSET-PROVIDER	9(5)V99		Benefit amount used to offset an outstanding account receivable owed by the Provider.
622	626	AMT-TO-DED	9(3)V99		Amount applied to the Beneficiary's yearly deductible.
627	633	AMT-TO-PSYCH	9(5)V99		Amount applied to the Beneficiary's yearly PSYCH (Psychiatric) deductible.
634	640	AMT-TO-PT	9(5)V99		Amount applied to the Beneficiary's yearly PT (Physical Therapy) deductible.
641	647	AMT-TO-OT	9(5)V99		Amount applied to the Beneficiary's yearly OT (Occupational Therapy) deductible.
648	648	QUALITY-REVIEW-IND	X(1)	<space>, Y	Indicates that a claim meets the criteria set up on an EAR (Entity Action Record) and the EAR requires a Medical or Quality review.
649	649	CLAIM-REVIEW	X(1)		An indicator showing that the claim has been reviewed for certain edits.
650	650	SEX	X(1)	O, F, M	Sex of the Beneficiary.
651	651	CLAIM-TYPE	X(1)	A, H, N	Indicates whether the Provider/Supplier or Beneficiary receives payment.
652	652	SPLIT-IND	X(1)	B - both split and replicate N - No R - replicate Y - yes <space>	Indicates whether or not the claim has been split.
653	653	REPLICATE-IND	X(1)	Y, N, <space>	Indicates whether or not the claim has been replicated.
654	654	REP-PAYEE-IND	X(1)	Y, N, <space>	Indicates whether a payment for a Beneficiary should be sent directly to

Start	End	Field Name	Type	Length	Description
					the Beneficiary or the Beneficiary's representative.
655	655	INVEST-IND	X(1)	A - ADS response was received L - system automatically created letter R - claim is in referral status <space>	Status of a letter created by the Automatic Development System (ADS).
656	656	CLAIM-FORCE	X(1)	1 - 8, A - Z, /, <space>	Code entered to bypass an error received on the claim.
657	658	CLAIM-FORCE-FILLER	X(2)		Filler
659	659	BENEF-ASGN-BOX-13	X(1)	Y, N	Indicates whether or not the Beneficiary signed the claim in box 13. If so, payment is made to the Provider/Supplier. If not, payment is made to the Beneficiary.
660	660	REMAIN-BLOOD	X(1)		No longer used by DMAC.
661	662	REMARKS-1	X(2)	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.
663	664	REMARKS-2	X(2)	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.
665	666	REMARKS-3	X(2)	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN)

Start	End	Field Name	Type	Length	Description
					explaining additional processing done for a line or full claim.
667	668	REMARKS-4	X(2)	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.
669	670	REMARKS-5	X(2)	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.
671	672	REMARKS-6	X(2)	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.
673	674	REMARKS-7	X(2)	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.
675	676	REMARKS-8	X(2)	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.

Start	End	Field Name	Type	Length	Description
677	677	HMO-INVOLVEMENT	X(1)	O - Services within HMO effective dates but the HMO is out of the jurisdiction. P - Services within HMO effective dates. <spaces>	Indicates whether or not the dates of service are within the HMO effective dates for Beneficiaries who belong to an HMO.
678	687	TOT-CHARGE	9(8)V99		Total amount of the line level submitted charges on the claim.
688	694	AMT-PAID-BY-BENE	9(5)V99		The amount the Beneficiary paid the Provider/Supplier for the treatment or supplies listed on the claim.
695	709	COMP-INS-NBR	X(15)		The insurance number of the other or complementary insurance carried by the Beneficiary.
710	724	COMP-INS-NBR2	X(15)		No longer used by DMAC.
725	725	COMP-INS-CODE	X(1)		Indicates the type of other insurance the Beneficiary has and is related to the COMP-INS-NBR field.
726	726	COMP-INS-CODE2	X(1)		No longer used by DMAC.
727	727	SIGNATURE-CODE	X(1)	B, C, M, P, S, X	Indicates where the patient's signature is on the claim form and how it was generated.
728	728	PRIVACY-IND	X(1)	A, I, M, N, O, Y	Indicates whether or not information about the claim may be released by the provider.
729	729	DOCUMENT-IND	X(1)	1-6, 9	Indicates where the additional documentation for the claim is located.
730	730	ADJ-REASON	X(1)		Indicates why the adjustment is being made. Entered in conjunction with the ADJ-DISCOVERY field.

Start	End	Field Name	Type	Length	Description
731	731	ADJ-REASON-2	X(1)		Indicates why the adjustment is being made. Entered in conjunction with the ADJ-DISCOVERY2 field.
732	732	ADJ-DISCOVERY	X(1)		Indicates how the adjustment was discovered. Entered in conjunction with the ADJ-REASON field.
733	733	ADJ-DISCOVERY-2	X(1)		Indicates how the adjustment was discovered. Entered in conjunction with the ADJ-REASON2 field.
734	746	HDR-DCN	X(13)		This field is the Document Control Number (DCN) used to identify Account Receivables (AR) and Interactive Correspondence Online Reporting (ICOR) cases.
747	754	INTERNAL-CHECK-NO	X(8)		Internal number used to identify a check that has been sent out in relation to this claim.
755	758	HDR-OVERPMT-MSG-NO	X(4)		The Letter Writing System (LTRO) number used to identify a message regarding an overpayment that was sent out in relation to this claim.
759	759	HDR-ADJ-FORCE-CODE(1)	X(1)		Instructions regarding payment and receivable processing related to this claim.
760	760	HDR-ADJ-FORCE-CODE(2)	X(1)		Instructions regarding payment and receivable processing related to this claim.
761	761	HDR-ADJ-FORCE-CODE(3)	X(1)		Instructions regarding payment and receivable processing related to this claim.
762	762	HDR-ADJ-FORCE-CODE(4)	X(1)		Instructions regarding payment and receivable processing related to this claim.

Start	End	Field Name	Type	Length	Description
763	763	HDR-ADJ-FORCE-CODE(5)	X(1)		Instructions regarding payment and receivable processing related to this claim.
764	773	ASSOC-PROV	X(10)		A provider number for the associate provider or with a third party payer, the provider number of the organizational payee.
774	780	HDR-DIAG(1)	X(7)		Diagnosis code.
781	781	HDR-DIAG-TYPE(1)	X(1)		Indicator to show if it is ICD9 or ICD10
782	788	HDR-DIAG(2)	X(7)		Diagnosis code.
789	789	HDR-DIAG-TYPE(2)	X(1)		Indicator to show if it is ICD9 or ICD10
790	796	HDR-DIAG(3)	X(7)		Diagnosis code.
797	797	HDR-DIAG-TYPE(3)	X(1)		Indicator to show if it is ICD9 or ICD10
798	804	HDR-DIAG(4)	X(7)		Diagnosis code.
805	805	HDR-DIAG-TYPE(4)	X(1)		Indicator to show if it is ICD9 or ICD10
806	812	HDR-DIAG(5)	X(7)		Diagnosis code.
813	813	HDR-DIAG-TYPE(5)	X(1)		Indicator to show if it is ICD9 or ICD10
814	820	HDR-DIAG(6)	X(7)		Diagnosis code.
821	821	HDR-DIAG-TYPE(6)	X(1)		Indicator to show if it is ICD9 or ICD10
822	828	HDR-DIAG(7)	X(7)		Diagnosis code.
829	829	HDR-DIAG-TYPE(7)	X(1)		Indicator to show if it is ICD9 or ICD10
830	836	HDR-DIAG(8)	X(7)		Diagnosis code.
837	837	HDR-DIAG-TYPE(8)	X(1)		Indicator to show if it is ICD9 or ICD10
838	844	HDR-DIAG(9)	X(7)		Diagnosis code.
845	845	HDR-DIAG-TYPE(9)	X(1)		Indicator to show if it is ICD9 or ICD10
846	852	HDR-DIAG(10)	X(7)		Diagnosis code.
853	853	HDR-DIAG-TYPE(10)	X(1)		Indicator to show if it is ICD9 or ICD10
854	860	HDR-DIAG(11)	X(7)		Diagnosis code.
861	861	HDR-DIAG-TYPE(11)	X(1)		Indicator to show if it is ICD9 or ICD10
862	868	HDR-DIAG(12)	X(7)		Diagnosis code.
869	869	HDR-DIAG-TYPE(12)	X(1)		Indicator to show if it is ICD9 or ICD10

Start	End	Field Name	Type	Length	Description
870	893	REP-PAYEE	X(24)	This may contain special characters.	Name of the Representative Payee.
894	915	REP-ADDR-1	X(22)		No longer used by DMAC.
916	937	REP-ADDR-2	X(22)		No longer used by DMAC.
938	959	REP-ADDR-3	X(22)		No longer used by DMAC.
960	981	REP-ADDR-4	X(22)		No longer used by DMAC.
982	987	NAME-KEY	X(6)		Beneficiary's name key consisting of the first four letters of the Beneficiary’s last name plus the first letter of the Beneficiary's first name.
988	990	ADDR-KEY	X(3)		First two numbers of the street address plus the first letter of the city for the Beneficiary.
991	1000	BENE-1STNAME	X(10)	This may contain special characters.	Beneficiary's first name.
1001	1001	BENE-INIT	X(1)	This may contain special characters.	Beneficiary's middle initial.
1002	1014	BENE-SURNAME	X(13)	This may contain special characters.	Beneficiary's last name.
1015	1036	ADDRESS1	X(22)	This may contain special characters.	First line of the Beneficiary's address.
1037	1058	ADDRESS2	X(22)	This may contain special characters.	Second line of the Beneficiary's address.
1059	1080	ADDRESS3	X(22)	This may contain special characters.	Third line of the Beneficiary's address.
1081	1095	CITY	X(15)		City where the Beneficiary resides.
1096	1097	STATE	X(2)		State where the

Start	End	Field Name	Type	Length	Description
					Beneficiary resides.
1098	1106	ZIP-CODE	X(9)		Beneficiary's Zip Code.
1107	1113	DATE-RECEIPT	X(7)	CCYYDDD, <spaces>	Date the claim was received.
1114	1114	UT-IND	X(1)		Utilization review indicator
1115	1115	WD-IND	X(1)	B, C, D, E, N, W, X, Y, Z, <spaces>	Welfare/Death - indicates whether the Beneficiary is deceased and if they have Medicaid or other insurance.
1116	1116	OVER-PAYMENT-IND	X(1)		Indicates whether or not an overpayment had previously occurred for this Beneficiary and determines if this claim should be offset by the prior overpayment amount.
1117	1126	REFER-PHYS	X(10)		No longer used by DMAC.
1127	1150	REFER-PHYS-NAME	X(24)		No longer used by DMAC.
1151	1156	UPIN-REF-PHYS	X(6)		The unique physician identification number for the referring physician from the first claim line.
1157	1166	MAG-TAPE-NBR	X(10)		No longer used by DMAC.
1167	1167	BILLING-IND	X(1)	<space>, B, C, E, F, P, S	Identifies how the claim was submitted.
1168	1168	VENDOR-ID-FLAG	X(1)		No longer used by DMAC.
1169	1188	PATIENT-ACCT-NBR	X(20)		The unique identifier assigned to the Beneficiary by the Provider/Supplier.
1189	1189	SAVE-ADDRESSEE-IND	X(1)	B, O, P, <spaces>	Indicates the type of recipient who should receive the Automatic Development System (ADS) letter. Recipient types include Beneficiary, Referring Physician or Supplier.
1190	1196	MICRO-IND	X(7)		The microfilm identification number for a claim that has been

Start	End	Field Name	Type	Length	Description
					archived on microfilm.
1197	1198	DEV-STATUS	X(2)		The claim's ADS Development Status Code used to track the progress of a claim through the development process.
1199	1205	ADS-MAIL-DATE	X(7)	CCYYDDD, <spaces>	The date the ADS letter was mailed.
1206	1212	ADS-FOLL-DATE	X(7)	CCYYDDD, <spaces>	The date that follow-up should occur if no response is received regarding the ADS letter.
1213	1219	ADS-DENY-DATE	X(7)	CCYYDDD, <spaces>	The date the claim was denied in regard to the ADS letter due to the response or lack thereof.
1220	1222	CLAIM-REQUEST-CODE	X(3)	402 - 499	The ADS message number defining the ADS letter.
1223	1225	CLAIM-REQUEST-CODE-2	X(3)	402 - 499	The ADS message number defining the ADS letter.
1226	1227	ADS-SAVE-STATUS	X(2)		The two digit ADS code used to track the progress of a claim through the development process.
1228	1228	THIS-IS-AN-ADS-CLAIM-SW	X(1)	<spaces>, 0, 1	Indicates whether or not the claim is an ADS claim.
1229	1229	ADDRESSEE-IND	X(1)	B, C, E, M, O, P	Indicates who the ADS letter should be sent to.
1230	1231	HDR-EAR-ACTION	X(2)		Designates the action to be taken by the system when the claim hits an Entity Action Record (EAR).
1232	1234	HDR-EAR-ERR	X(3)		EAR error codes.
1235	1235	CLAIM-EAR-REVIEW	X(1)	<spaces>, 1	Indicates whether a claim that has been stopped by an EAR has been reviewed.
1236	1237	HOSP-AREA (DEMO-NUMBER)	X(2)		This has been redefined and holds the CMS demonstration number.
1238	1238	HDR-EAR-BENE-OL	X(1)		Indicates that an EAR has been triggered during online processing.
1239	1239	HDR-EAR-BENE-BA	X(1)	<spaces>, 1	Indicates that an EAR has

Start	End	Field Name	Type	Length	Description
					been triggered in the batch cycle.
1240	1240	HDR-EAR-CLMS-EXAM-OL	X(1)		Indicates which online editing EAR the claim hit during online processing.
1241	1241	HDR-EAR-CLMS-EXAM-BA	X(1)		Indicates which batch editing EAR the claim hit during batch processing.
1242	1248	COMP-INS-TO-DATE	X(7)		No longer used by DMAC.
1249	1255	COMP-INS-FR-DATE	X(7)		No longer used by DMAC.
1256	1262	BENE-BIRTH-DATE	X(7)	CCYYDDD, <spaces>	The Beneficiary's birth date.
1263	1263	HDR-MISC-TYPE	X(1)		No longer used by DMAC.
1264	1270	HDR-MISC-DATE	X(7)		No longer used by DMAC.
1271	1294	CARR-RESERVE	X(24)		Carrier site specific information.
1295	1304	PRO-NUMBER	X(10)		Peer Review Organization (PRO) prior approval number.
1305	1309	REMAIN-DED	9(3)V99		Remaining Beneficiary deductible.
1310	1316	REMAIN-PSYCH	9(5)V99		No longer used by DMAC.
1317	1317	HDR-PLACEHOLDER-NPI	X(1)	<space>, 1	Indicates whether or not the claim was processed with an NPI placeholder.
1318	1324	ADS-MAIL-RECEIPT-DATE	X(7)	CCYYDDD, <spaces>	The date of response to an ADS letter.
1325	1331	INITIAL-ADS-MAIL-DATE	X(7)	CCYYDDD, <spaces>	The date the first ADS letter was mailed.
1332	1340	CLINICAL-REGISTRY-NUM	9(9)	<spaces> if no clinical trial	The identification number assigned to the clinical trial.
1341	1341	ADS-EMC-PROCESS	X(1)		This field designates an Electronic Media Claims (EMC) claim that requires additional information before processing.
1342	1342	CLEAN-DIRTY-IND	X(1)	C, N, O, R, Y, <spaces>	Identifies whether a claim is to be counted as clean or dirty for workload reporting.
1343	1343	ORGANIZATION-IND	X(1)	<space>,1	Indicates that the benefit payment is to be made to an organization.

Start	End	Field Name	Type	Length	Description
1344	1351	OQC-USER-ID	X(8)		The identifying number of the operator working the claim.
1352	1353	OQC-LOCATION	X(2)	02-10 <spaces>	This is a two-byte field indicating where a claim currently resides in the claim process.
1354	1355	OQC-STATUS	X(2)	01 - 99, <spaces>	This is a two-byte field used to further define the location a claim is in, in the claim payment process
1356	1358	CLAIM-ADS-MSG	X(3)		The ADS message number included in the ADS letter.
1359	1359	NOTEPAD-IND	X(1)	B, C, M, N, Y, <spaces>	The type of note in Notepad.
1360	1360	TRAINING-IND	X(1)	<space>, Y	Indicates whether the operator is a trainee.
1361	1375	EMC-PROV-ID	X(15)		No longer used by DMAC.
1376	1376	DMERC-NSC-ALERT-CODE	X(1)		This field designates that payment is to be withheld from the supplier. This information is sent to the DME MAC from the National Supplier Clearinghouse (NSC).
1377	1377	OTHER-PRIM-INS	X(1)		Indicates whether or not the Beneficiary has other primary insurance.
1378	1378	REF-PHYS-NAME-IND	X(1)	0, 1	Indicates whether the name of the referring physician has been received.
1379	1379	LIFETIME-PROCEDURE-IND	X(1)	<space>, N, Y	Designates whether the claim includes a service that can be performed once during a lifetime.
1380	1380	TOUCH-BILLING-IND	X(1)	<space>, Y	Indicates a value has been entered into the billing indicator field during the entry of the claim.
1381	1387	HEAD-CLAIM-COINS	9(5)V99		The benefit amount on the claim being allocated to coinsurance.
1388	1394	HEAD-PSYCH-COINS	9(5)V99		No longer used by DMAC.

Start	End	Field Name	Type	Length	Description
1395	1395	ENTITLEMENT-IND	X(1)	1-4, <spaces>	Indicates the reason for the entitlement.
1396	1396	EMC-IND	X(1)		Indicates whether the claim is an electronic media (EMC) claim.
1397	1398	ZIP-DELIVERY-CODE	X(2)		Zip delivery code where service was rendered.
1399	1400	BENE-PRICING-STATE	X(2)		State where the Beneficiary resides.
1401	1401	TEAM-INDICATOR	X(1)		Team processing indicator.
1402	1408	EMC-SUB-CREATE-DATE	X(7)	CCYYDDD, <spaces>	The EMC file creation date.
1409	1409	OCR-IND	X(1)	<space>, Y, N	Indicator is set in the online when the CCN batch falls with the ENVIRON table OCR values.
1410	1410	DECEASED-AUTO-PLUG	X(1)		No longer used by DMAC.
1411	1411	REVERSAL-INDICATOR	X(1)	<space>, Y	Indicates if the medical review/utilization review (MRUR) causes a reversal of the initial decision.
1412	1412	EMC-FACILITY-NAME-IND	X(1)	Y, N, <spaces>	Indicates that the facility submits claims electronically.
1413	1413	1099-WITHHOLD-IND	X(1)	<space>, A, D, U, W, Y	Indicates the type of withholding applied to the payee.
1414	1420	1099-WITHHOLD-AMT	9(5)V99		The amount of withholding applied to the payment due to AlertCode Processing.
1421	1425	1099-WITHHOLD-PERC	9V9(4)		The percentage of withholding applied to the payment due to Alert Code Processing,
1426	1434	OCNA-XREF	X(9)		No longer used by DMAC.
1435	1435	MEDIGAP-XOVER-SW	X(1)	<space>, M	Indicates whether this claim is a Medigap or crossover claim.
1436	1436	MSPPAY-TYPE	X(1)	0-3, E, <spaces>	Indicates whether Medicare is the primary or secondary payer for a Medicare Secondary Payer (MSP) payment.

Start	End	Field Name	Type	Length	Description
1437	1441	DMERC-SUPPL-ZIP	X(5)		Supplier zip code.
1442	1442	SUPEROP-IND	X(1)	1, 2, 3, B, E, S, Y, <spaces>	Indicates if a claim has been touched by SUPEROP.
1443	1444	PAYEE-STATE	X(2)		Payment recipient's state.
1445	1445	ADS-DEV-TYPE	X(1)	<space>, U	This field designates the type of development to take place. If this is a 'U', the claim path is set to auto-deny after a certain number of days.
1446	1446	ADS-LETTER-CNT	9(1)		Number of ADS letters sent for this claim.
1447	1447	NSC-SDP-SW	X(1)	D, P, S,<spaces>	The action to be taken on a claim whose provider has been placed on alert.
1448	1448	NSC-REVIEW-CODE	X(1)	N, <spaces>	Indicates whether there has been a review by the National Supplier Clearinghouse (NSC).
1449	1449	NSC-ALERT-ORIGIN	X(1)	A, B, C, D, H, N, O, Y, <spaces>	This indicates whether the alert code was originated by the National Supplier Clearinghouse (NSC) or by the DME MAC.
1450	1450	REJECT-IND	X(1)	<space>, Y, N	Indicates whether the claim is a return/reject claim.
1451	1451	BOI-COBA-IND	X(1)	1-9, A-F, <spaces>	Indicates the type of COBA contractor for the crossover claim being handled by the Coordination of Benefits Contractor (COBC).
1452	1452	192-EDIT-IND	X(1)	N, Y	Indicates whether or not a claim can be adjusted prior to being paid.
1453	1453	CLM-NOT-DENIED-192-IND	X(1)	<space>, Y	Indicates whether the mother claim of an adjustment has been denied.
1454	1454	CERT-SENT-FLAG	X(1)	2 - oxygen recert retest 3 - oxygen recert only <spaces>	Indicates type of oxygen recertification letter sent.
1455	1455	INIT-ILLNESS	X(1)		No longer used by DMAC.

Start	End	Field Name	Type	Length	Description
1456	1456	HOME-IND	X(1)	<spaces>, Y, N	Indicates whether the Beneficiary is homebound.
1457	1470	HDR-FILLER-AREA	X(14)		No longer used by DMAC.
1471	1486	ERA-BILLER-ID	X(16)		Identification number of the Biller to receive the electronic media claim (EMC) transmission.
1487	1501	COIN-ID-1	X(15)		Identification number for a complementary insurance carrier.
1502	1534	COIN-NAME-1	X(33)	This may contain special characters.	Name of the complementary insurance carrier in the COIN-ID-1 field.
1535	1549	COIN-ID-2	X(15)		No longer used by DMAC.
1550	1582	COIN-NAME-2	X(33)		No longer used by DMAC.
1583	1597	STATEMENT-NBR	X(15)		Provider statement number for the remittance advice (RA).
1598	1612	BENE-STATEMENT-NBR	X(15)		Beneficiary statement number for the Medicare Summary Notice (MSN).
1613	1622	PROV-ADDRESSEE	X(10)		The provider number of the addressee on the Remittance Advice.
1623	1623	PAYMENT-FLOOR-IND	X(1)	<space>, Y	Indicates whether a crossover claim is to be held on the payment floor for the appropriate number of days.
1624	1630	TOT-PREV-AMT-PAID-PROV	9(5)V99		The amount paid to the Provider/Supplier by Medicare for the treatment or supplies listed on the claim.
1631	1637	TOT-PREV-AMT-PAID-BENE	9(5)V99		The amount paid to the Beneficiary by Medicare for the treatment or supplies listed on the claim.
1638	1644	PATIENT-LIABILITY	9(5)V99		The amount of the benefit payment that the Beneficiary is responsible for.

Start	End	Field Name	Type	Length	Description
1645	1651	CALC-NET-PAY-TO-PROV	9(5)V99		This field is used on adjustment claims. It is a calculation of the total of the pay to provider" on the adjustment claim less the total of the "pay to provider" on the mother claim. "
1652	1656	CL-ANSI-MOA-CODE(1)	X(5)		This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice.
1657	1661	CL-ANSI-MOA-CODE(2)	X(5)		This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice.
1662	1666	CL-ANSI-MOA-CODE(3)	X(5)		This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice.
1667	1671	CL-ANSI-MOA-CODE(4)	X(5)		This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice.
1672	1676	CL-ANSI-MOA-CODE(5)	X(5)		This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice.
1677	1678	CL-ANSI-GROUP(1)	X(2)		The American National Standards Institute (ANSI) Group identifies the general category of payment adjustment on the Remittance Advice.

Start	End	Field Name	Type	Length	Description
1679	1682	CL-ANSI-REASON(1)	X(4)		The American National Standards Institute (ANSI) Reason Code is tied to a message pertaining to a payment on a remittance advice.
1683	1689	CL-ANSI-AMOUNT(1)	9(5)V99		This is the dollar amount pertaining to the American National Standards Institute (ANSI) Reason Code.
1690	1691	CL-ANSI-GROUP(2)	X(2)		The American National Standards Institute (ANSI) Group identifies the general category of payment adjustment on the Remittance Advice.
1692	1695	CL-ANSI-REASON(2)	X(4)		The American National Standards Institute (ANSI) Reason Code is tied to a message pertaining to a payment on a remittance advice.
1696	1702	CL-ANSI-AMOUNT(2)	9(5)V99		This is the dollar amount pertaining to the American National Standards Institute (ANSI) Reason Code.
1703	1704	CL-ANSI-GROUP(3)	X(2)		The American National Standards Institute (ANSI) Group identifies the general category of payment adjustment on the Remittance Advice.
1705	1708	CL-ANSI-REASON(3)	X(4)		The American National Standards Institute (ANSI) Reason Code is tied to a message pertaining to a payment on a remittance advice.
1709	1715	CL-ANSI-AMOUNT(3)	9(5)V99		This is the dollar amount pertaining to the American National Standards Institute (ANSI) Reason Code.
1716	1722	TOT-CALC-PAY-TO-PROV	9(5)V99		Benefit amount paid to the Provider.
1723	1729	TOT-CALC-PAY-TO-BENE	9(5)V99		Benefit amount paid to the Beneficiary.

Start	End	Field Name	Type	Length	Description
1730	1736	TOT-LINE-ANSI-AMTS	9(5)V99		This is the total dollar amount pertaining to the ANSI reason code for the line.
1737	1743	PRIOR-INTEREST-PAID-PROV	9(5)V99		Prior interest paid to the Provider.
1744	1750	PRIOR-INTEREST-PAID-BENE	9(5)V99		Prior interest paid to the Beneficiary.
1751	1751	REMIT-SUPPRESS-IND	X(1)	B, C, M, P, T, Y, <spaces>	Indicates whether the system is to suppress the remittance advice for the unassigned provider.
1752	1752	CHANGE-IN-PAYEE-IND	X(1)	<spaces>, Y	Indicates there has been a change of payee.
1753	1767	ORIG-CCN	X(15)		Original CCN Number
1768	1768	XADJ-IND	X(1)	<spaces>, Y	Indicates whether the claim was adjusted through Express Adjustments (XADJ).
1769	1769	CHOICE-IND	X(1)	<spaces>, Y	Indicates whether or not the Beneficiary is involved in the Choices payment program.
1770	1770	NSF-VERSION	X(1)		The numerical designation of the version of the National Standard Format (NSF) used.
1771	1771	NOC-NOTE-IND	X(1)	<spaces>, Y	Indicates whether a note is attached to the claim.
1772	1772	SRC-OF-PAY	X(1)	D, F, <spaces>	Indicates from which entity payment is required when the payment is to be from another payer". "
1773	1773	ENTERED-CLAIM-FORCE	X(1)		Force code value entered by the operator to bypass an error message received during processing.
1774	1797	ENTERED-REP-PAYEE	X(24)		Name of an individual or the representative receiving the payment instead of the Beneficiary, Provider, or Supplier.
1798	1798	ENTERED-WELF-DEATH	X(1)	B, C, D, E, N, W, X, Y, Z, <spaces>	Indicates whether the Beneficiary is deceased and if they have Medicaid or other insurance.
1799	1799	PAYOR-ID-IND	X(1)		No longer used by DMAC.

Start	End	Field Name	Type	Length	Description
1800	1804	HDR-OVER-PAY-TO-PROV	9(3)V99		Amount overpaid to the Provider/Supplier.
1805	1805	XOVER-FREQUENCY	X(1)		No longer used by DMAC.
1806	1806	MEDIGAP-IND	X(1)		No longer used by DMAC.
1807	1817	OQC-TAG-REC	X(11)		Indicates that the claim has been through the Online Quality Control (OQC) review.
1818	1818	OQC-BYPASS-REASON-IND	X(1)	M, O, R, S, T, W, <spaces>	Indicates why the claim was bypassed by the OQC review.
1819	1827	PRICING-FAC-ZIP	X(9)		No longer used by DMAC.
1828	1833	FACILITY-NBR	X(6)		The unique identification number of the facility where the service was rendered.
1834	1842	BENE-ZIP	X(9)		The zip code of the Beneficiary's place of residence.
1843	1844	MSA-AREA	X(2)		This field displays the Metropolitan Statistical Area (MSA) used in the South Carolina Competitive Bid Demonstration (SCBID).
1845	1845	PHYS-SUPPLIER-IND	X(1)	E, <spaces>	Identifies if the Provider/Supplier is exempt from the South Carolina Competitive Bid Demonstration (SCBID).
1846	1846	BENE-STRIKE-IND	X(1)	0, 1, 2, <spaces>	This field gives information about letters sent out for the South Carolina Competitive Bid Demonstration (SCBID).
1847	1847	SCBID-IND	X(1)	<space>, Y	This field indicates if a claim was part of the South Carolina Competitive Bid Demonstration (SCBID).
1848	1848	OTA-IND	X(1)		The amount the physician/supplier has agreed to accept as per the conditions of their contract.
1849	1849	OQC-REPLICATE-IND	X(1)		Indicates whether the

Start	End	Field Name	Type	Length	Description
					claim is a replicate claim for OQC.
1850	1850	PROV-SA-IND	X(1)		Indicates that a provider is in the surrounding area of an active South Carolina Competitive Bid Process (SCBID).
1851	1851	DMERC-KMOD-UPDT-IND	X(1)	<space>, Y	Indicates whether a Durable Medical Equipment Claim (DMERC) has been used in updating the associated K" modifier (KMOD) on the Certificate for Medical Necessity (CMN). "
1852	1862	OQC-BYPASSED-TAG-REC	X(11)		The unique system generated ID for each set of selection criteria set up in the Online Quality Control (OQC) system.
1863	1869	TPL-OTA-AMOUNT	9(5)V99	<spaces> if no occupational therapy	The amount a Provider/Supplier is obligated to accept for services rendered for occupational therapy.
1870	1899	ANSI-BASE-KEY	GROUP		ANSI Base Key Group This is the key used to locate the X12 information in the VMSStore and Forward (VANS) files.
1870	1874	ABK-CONTRACTOR5	X(5)		Carrier Number
1875	1884	ABK-SUBMITTER	X(10)		Submitter Number
1885	1891	ABK-PROC-DT-INV	X(7)		Process date (CCYYDDD) subtracted from 999999999
1892	1899	ABK-CLAIM-SEQ-NBR	X(8)		Claim Sequence Number in VANS
1900	1900	ERN4010-IND	X(1)		used for 835 versioning
1901	1901	CLM-SOURCE-IND-4010	X(1)	<space> C D E F K N O P R T	The source of the claim, electronic vs. paper. Space Paper C NCPDP Version 5.1 Compound Drug claim D NCPDP Version D.0 Compound Drug claim E 837 Version 4010A1 Electronic claim

Start	End	Field Name	Type	Length	Description
					F 837 Version 5010 Electronic claim K 837 Version 4010A1 Keyshop claim N NCPDP Version 5.1 Non-Compound claim O 837 Version 4010A1 OCR claim P NCPDP Version D.0 Non-Compound claim R 837 Version 5010 OCR claim T 837 Version 4010A1 Telephone claim
1902	1904	MSP-RPT-CATEGORY	X(3)		Indicates which Medicare Secondary Payer (MSP) report the information is to appear on.
1905	1905	CWF-OVERRIDE-IND(1)	X(1)		No longer used by DMAC
1906	1906	CWF-OVERRIDE-IND(2)	X(1)		No longer used by DMAC
1907	1907	CWF-OVERRIDE-IND(3)	X(1)		No longer used by DMAC
1908	1908	CWF-OVERRIDE-IND(4)	X(1)		No longer used by DMAC
1909	1909	CWF-OVERRIDE-IND(5)	X(1)		No longer used by DMAC
1910	1910	CWF-OVERRIDE-IND(6)	X(1)		No longer used by DMAC
1911	1911	SUPP-REMIT-IND	X(1)		Indicator that the remittance is being suppressed.
1912	1912	JURISDICTION-IDENTIFIER	X(1)		No longer used by DMAC.
1913	1913	PAY-FLR-EMC-HOLD-IND	X(1)	<space>, Y	Indicates whether to hold EMC Claims on the Payment Floor the same number of days as paper Claims.
1914	1914	BOI-COBA-TEST-IND	X(1)	1-9, A-F, <spaces>	Indicates the type of COBA contractor for the crossover claim being handled by the Coordination of Benefits Contractor (COBC).
1915	1915	BOI-MSN-SUPP-NAME-IND	X(1)		Indicates whether to suppress printing of the trading partner name on the Medicare Summary Notice (MSN).

Start	End	Field Name	Type	Length	Description
1916	1916	BOI-MC-SUPP-IND	X(1)	N, Y, <spaces>	Indicates whether to suppress COBA Medicaid when a current Crossover Claims is written.
1917	1917	INDIAN-HLTH-SVC-IND	X(1)	<spaces>, H, N, S, Y	Indicates whether the provider of the claim is considered an Indian Health Service Provider.
1918	1921	CWF-HDR-OVERRIDE(1)	X(4)		The CWF Header error code that was overridden by the operator.
1922	1925	CWF-HDR-OVERRIDE(2)	X(4)		The CWF Header error code that was overridden by the operator.
1926	1929	CWF-HDR-OVERRIDE(3)	X(4)		The CWF Header error code that was overridden by the operator.
1930	1933	CWF-HDR-OVERRIDE(4)	X(4)		The CWF Header error code that was overridden by the operator.
1934	1937	CWF-HDR-OVERRIDE(5)	X(4)		The CWF Header error code that was overridden by the operator.
1938	1938	PAPER-REMIT-SUPPRESS	X(1)	<space>, F, P	Indicates whether to print a full or partial remit, or none at all.
1939	1948	REF-PHYS-NPI	X(10)		The unique National Provider Identifier (NPI) identifier for the Provider/Supplier from the first claim line.
1949	1949	REF-PHYS-NPI-IND	X(1)		Indicates whether the NPI was received in the legacy number format.
1950	1954	CBA-AREA	X(5)		The Competitive Bid Area (CBA) in which the Beneficiary is located.
1955	1961	RECREATE-SEQ-NBR	X(7)		The unique ID of a recreated crossover claim.
1962	1962	COBC-RECREATE-IND	X(1)	<space>, Y	Indicates the claim was created by the COBC recreate process.
1963	1974	ORIG-HICN	X(12)		Unique identifier for the Beneficiary.
1975	1977	LINE-COUNT	9(3)		Number of lines on claim.
1978	2287	CIP-FILLER	X(310)		Filler
2288	2288	CHECK-INDICATOR	X(1)		Indicates that a check for payment is to be cut for

Start	End	Field Name	Type	Length	Description
					the claim.
2289	2289	BENE-PAY-IND	X(1)	<space>, Y	Indicates payment was mailed to the Beneficiary.
2290	2296	BENE-MAIL-DATE	X(7)	CCYYDDD, <spaces>	Date the check was mailed to the Beneficiary.
2297	2303	CHECK-DATE-BENE	X(7)		Date the check that was mailed to the Beneficiary was cut.
2304	2310	CHECK-AMT-BENE	9(5)V99	CCYYDDD, <spaces>	Amount of the payment made to the Beneficiary.
2311	2317	CHECK-AMT-PROV	9(5)V99		Amount of the payment made to the Provider.
2318	2328	CHECK-NBR-PROV	X(11)		Check number of the check mailed to the Provider.
2329	2335	CHECK-DATE-PROV	X(7)		Date the check that was mailed to the Provider was cut.
2336	2342	MAIL-DATE	X(7)		Date the check was mailed to the Provider.
2343	2500	HST-FILLER	X(158)		Filler

1.9 Claim Detail Layout

Table 9: VMS Claim Detail Layout

Start	End	Field Name	Type	Length	Description
1	25	IDR-REC-KEY	GROUP	`	IDR Record Key Group
1	5	IDR-REC-CARRIER	X(5)	16003, 17003, 18003, 19003	A five digit number used to identify each carrier. Each carrier has one unique number.
6	7	IDR-REC-PHASE	X(2)	01, 02, 03	Indicates which of the 3 phases in the IDR Life cycle the claim is reported in.
8	8	IDR-REC-TYPE	X(1)	C - claim line	A single character value which identifies the type of records summarized for IDR.
9	23	IDR-REC-FULL-CCN	GROUP		Full CCN Group
9	20	IDR-REC-CCN-BASE	X(12)		The first 12 bytes of the full Claim Control Number (CCN). The number is in CYYJJJBBBBSS format, where: C =

Start	End	Field Name	Type	Length	Description
					century indicator YY = the last two digits of the year JJJ = Julian Date BBBB = Batch Number (0000 - 9999) SS = Sequence Number (00 - 99)
21	21	CCN-SPLIT	X(01)	0 - 9	The 13th byte of the full CCN that indicates if the claim has been split. A claim may be split up to 9 times. Zero indicates that the claim is not a split.
22	22	CCN-REPLICATE	X(01)	0 - 9	The 14th byte of the full CCN that indicates if the claim has been replicated. A claim may be replicated up to 9 times. Zero indicates that the claim is not a replicate.
23	23	CCN-ADJUSTMENT	X(01)	0 - 9	The 15th byte of the full CCN that indicates if the claim has been adjusted. A claim may be adjusted up to 9 times. Zero indicates the claim is not an adjustment.
24	25	IDR-REC-LINE	9(2)	13-Jan	The actual line number on the claim.
26	35	PRCG-PROV	X(10)		This field is the NSC provider number of the provider whose customary charges are used in pricing the claim.
36	45	PERF-PROV	X(10)		The NSC provider number of the provider/supplier performing the procedure or supplying the item.
46	47	LINE-NBR	9(02)	0 - 13	Designates the position of the service or item on the claim.

Start	End	Field Name	Type	Length	Description
					A claim has up to 13 lines.
48	54	FROM-DATE	X(07)	CCYYYDDD, <space>	The first date the service was performed or the date the supply was acquired.
55	61	TO-DATE	X(07)	CCYYYDDD, <space>	This is the last date the service was performed.
62	63	NEW-PLACE	X(02)	Jan-99	A two digit indicator designating where the procedure was performed (place of service).
64	70	NBR-SERVICES	9(06)V9		This field is the number of services performed or units supplied.
71	71	TYPE	X(01)		The type of service for the procedure or supply.
72	76	HCPCS	X(05)		The procedure code for the action performed or item provided on the claim line.
77	78	HCPCS-MF1	X(02)		The first modifier associated with the HCPCS.
79	80	HCPCS-MF2	X(02)		The second modifier associated with the HCPCS.
81	82	HCPCS-MF3	X(02)		The third modifier associated with the HCPCS.
83	84	HCPCS-MF4	X(02)		The fourth modifier associated with the HCPCS.
85	86	HCPCS-MF5	X(02)		The fifth modifier associated with the HCPCS. Not currently used.
87	88	HCPCS-MF6	X(02)		The sixth modifier associated with the HCPCS. Not currently used.
89	98	MF-FILLER-2	X(10)		Filler

Start	End	Field Name	Type	Length	Description
99	99	HCPCS-MF1-FLAG	X(01)	1- pricing 2 - processing 3 - informational 4 - review	Indicates the type of modifier used on the procedure.
100	100	HCPCS-MF2-FLAG	X(01)	1- pricing 2 - processing 3 - informational 4 - review	Indicates the type of modifier used on the procedure.
101	101	HCPCS-MF3-FLAG	X(01)	1- pricing 2 - processing 3 - informational 4 - review	Indicates the type of modifier used on the procedure.
102	102	HCPCS-MF4-FLAG	X(01)	1- pricing 2 - processing 3 - informational 4 - review	Indicates the type of modifier used on the procedure.
103	103	HCPCS-MF5-FLAG	X(01)		Indicates the type of modifier used on the procedure. This is not currently used.
104	104	HCPCS-MF6-FLAG	X(01)		Indicates the type of modifier used on the procedure. This is not currently used.
105	110	MF-FLAG-FILLER	X(06)		Filler
111	120	DMERC-NOC-DESCRIPTOR	X(10)		Text field usually associated with the NDC code.
121	131	DMERC-NDC-CODE	X(11)		The NDC code
132	133	DMERC-NDC-MOD	X(2)		Filler
134	143	METRIC-DEC-QTY	9(05)V99		The decimal portion of the metric weight of prescribed drug.
144	150	SUBMITTED-CHG	9(5)V99		Charge submitted by the Provider/Supplier for the procedure/item.
151	157	ALLOWED-CHG	9(5)V99		The amount CMS allows the provider/supplier to bill for the procedure/supply on the claim line.
158	159	ACTION-CODE	X(2)	00 - ZZ <spaces>	A two digit field linked to messages that will be displayed on the MSN (Medicare Summary Notice) and/or RA

Start	End	Field Name	Type	Length	Description
					(Remittance Advice) that explains how a claim line was paid.
160	161	ACTION-CODE-2	X(2)	00 - ZZ <spaces>	A two digit field linked to messages that will be displayed on the MSN (Medicare Summary Notice) and/or RA (Remittance Advice) that explains how a claim line was paid.
162	163	HOLD-ACTION-CODE	X(2)	00 - ZZ <spaces>	A two digit field linked to messages that will be displayed on the MSN (Medicare Summary Notice) and/or RA (Remittance Advice) that explains how a claim line was paid.
164	181	ACT-CD-FILLER	X(18)		Filler
182	182	BENE-ESRD-FLAG	X(01)	1 - Entitlement based solely on disability 2 - Entitlement based solely on ESRD 3 - Entitled based on disability who currently has or has had ESRD 4 - Over 65 with ESRD <spaces>	Indicates whether the beneficiary is being treated for End Stage Renal Disease (ESRD).
183	189	INIT-ALLOWED	9(5)V99		The original allowed charge when the claim line first prices.
190	191	INIT-ACTION	X(2)	00 - ZZ	The initial action code linked to messages that will be displayed on the MSN (Medicare Summary Notice) and/or RA (Remittance Advice) that explains how a

Start	End	Field Name	Type	Length	Description
					claim line was paid.
192	192	SPI	X(01)	D, S, <spaces>	The Special Payment Indicator (SPI) denotes the payment rate for each procedure/supply.
193	193	PAY-IND	X(01)		This code identifies the rate paid for a procedure.
194	194	PAY-IND-2	X(01)		This code identifies the rate paid for a procedure.
195	195	PAY-IND-3	X(01)		This code identifies the rate paid for a procedure.
196	196	PAY-IND-4	X(01)		This code identifies the rate paid for a procedure.
197	197	PAY-IND-5	X(01)		This code identifies the rate paid for a procedure.
198	199	LINE-FORCE	X(2)	May have special characters.	The code entered which causes an edit to be ignored and a claim line to pay.
200	206	DIAGNOSIS	X(7)		The health condition for which the beneficiary is being treated.
207	208	DIAG-REF-NBR	X(2)		This is a line level indicator referring to a diagnosis in the claim header.
209	209	LINE-REVIEW	X(01)		Indicator showing that the claim line has been reviewed for certain edits.
210	212	LINE-REV-FILLER	X(3)		Filler
213	222	PRCG-PHYS-NPI	X(10)		The National Provider Identifier (NPI) for the physician/supplier who provided the service/item.
223	224	RECERT-INTERVAL	X(2)		No longer used by DMAC.

Start	End	Field Name	Type	Length	Description
225	227	ADS-LINE-REQUEST-CODE	X(3)		This is the ADS (Automated Development System) message number that will be included in the ADS letter.
228	230	ADS-LINE-REQUEST-CODE -2	X(3)		This is the ADS (Automated Development System) message number that will be included in the ADS letter.
231	233	LINE-ADS-MSG	X(3)		This is the ADS (Automated Development System) message number that will be included in the ADS letter.
234	263	LINE-CONTROL-NBR	X(30)		National Standard Format ANSI (American National Standards Institute) control number that can be defined by the Provider on each Claim line.
264	278	DMERC-CMN-QCN	X(15)		The first 13 digits of the Quality Control Number (QCN) consisting of the following information presented in the format CYYJJJTSSSSSSLL: C is the century of creation; specify 0 for 19xx or 1 for 20xx " YYJJJ is the date of creation in Julian (YYJJJ) format; specify five alphanumeric characters " T is the method or mode of creation; specify one of these digits: 0 Hardcopy 1-3 NSF EMC 4-6 CWF 7-8 ANSI EMC 9 Purged

Start	End	Field Name	Type	Length	Description
					record " SSSSSS is sequencing with method or mode of creation; specify a value
279	279	LI-STATUS	X(01)		Indicates whether an edit has fired for the claim line and the type of edit that fired.
280	280	LI-PRE-PRICED-STATUS	X(01)	C - clerical D - decimal P - manual S - system <spaces>	This field indicates the method of how the claim line was priced.
281	287	WORK-RC-CHG-AMT	9(5)V99		Temporary reasonable charge amount calculated within the system.
288	294	LI-AMT-PAID-TO-BENE	9(5)V99		Amount paid to the Beneficiary for the claim line item billed.
295	301	LI-AMT-PAID-TO-PROV	9(5)V99		Amount paid to the Provider for the line item billed.
302	306	LI-AMT-TO-DED	9(3)V99		Amount applied to the deductible for the claim line item billed.
307	307	LI-SPI-ENTERED	X(1)		The Special Payment Indicator (SPI) denotes the payment rate for each procedure/supply.
308	320	REPRICE-PROC	X(13)		Procedure code and modifiers the system is using for down coding.
321	335	DUP-ICN	X(15)		The item has previously been submitted. This is the ICN (Internal Control Number) of the claim that has already been submitted that

Start	End	Field Name	Type	Length	Description
					contains the duplicate item.
336	338	DUP-LINE	9(3)		The line number that the duplicate item appears on.
339	345	DMERC-NBR-SERVICES-7	9(7)		No longer used by DMAC.
346	346	EAR-SUB	9(1)	1 - post pricing 2 - pre-pricing 3 - both <spaces>	Indicates the type of Entity Action Record (EAR) that the claim line edited against
347	348	EAR-ID(1)	X(2)	Claim EAR = 21, 22, 25, 27 Line EAR = 23 24, 26	Indicates if the Entity Action Record is for a claim line or the complete claim.
349	350	EAR-ID(2)	X(2)	Claim EAR = 21, 22, 25, 27 Line EAR = 23 24, 26 <spaces>	Indicates if the Entity Action Record is for a claim line or the complete claim.
351	352	EAR-ACTION	X(2)		The action to be taken by the system when the claim hits an Entity Action Record (EAR).
353	355	EAR-ERR-NUM	X(3)		The error number for Entity Action Record (EAR) errors.
356	362	EAR-SAVINGS	9(5)V99		Amount of savings realized by the utilization of the Entity Action Record (EAR) process.
363	367	EAR-SEQ(1)	9(5)		This field denotes the type of Entity Action Record (EAR) that the claim line edited against.
368	372	EAR-SEQ(2)	9(5)		This field denotes the type of Entity Action Record (EAR) that the claim line edited against.
373	395	LINE-REVIEW-CODES	GROUP		Line Review Codes Group
373	373	UT-REVIEW	X(1)		Indicates whether a claim line has been

Start	End	Field Name	Type	Length	Description
					reviewed for overutilization.
374	374	BENUT-REVIEW	X(1)		No longer used by DMAC.
375	375	SUPPLR-REVIEW	X(1)		This field shows whether a claim line has been flagged to bypass the Supplier Different edits (6009 and 6067).
376	376	MAXAL-REVIEW	X(1)		This field indicates whether a claim line has been flagged for review for maximum number of services/units.
377	377	DUPE-REVIEW	X(1)		This field indicates whether a claim line has been flagged for review as a suspect duplicate.
378	378	LIAB-STAT-REVIEW	X(1)		This field indicates whether a claim line has been flagged for review for waiver of liability.
379	379	DMESP-REVIEW	X(1)		No longer used by DMAC.
380	380	DMERENT-REVIEW	X(1)		This field indicates whether a claim line has been flagged for review for maximum number of rental payments.
381	381	LATE-REVIEW	X(1)		This field indicates whether a line has been flagged for review of late submission.
382	382	PROV-REVIEW	X(1)		This field indicates whether a claim line has been flagged for review for payment to a physician/supplier flagged for automatic review.
383	383	TPL-REVIEW	X(1)		This field indicates whether a line has been flagged for

Start	End	Field Name	Type	Length	Description
					review actually was reviewed.
384	384	PROV-PARTICIPATION-REVIEW	X(1)		This field indicates whether a claim line has been flagged for review for provider for Medicare participation.
385	385	EAR-REVIEW	X(1)		This field indicates whether a claim line has been flagged for review by current EAR processing for the line.
386	386	PRO-AUTH	X(1)		This field indicates whether a claim line has been flagged for PRO authorization review
387	387	DOCUMENT-REVIEW	X(1)		This field indicates whether a claim line has been flagged for documentation review.
388	388	MULT-MSP-REVIEW	X(1)		This field indicates whether a claim line has been flagged for review MSP.
389	395	L-REVIEW-FILLER	X(7)		Filler
396	396	DME-SUPLRS-DIFFER	X(1)	0 - CMN Supplier's Name does not match CIP Supplier's 1 - CMN Supplier's Name matches CIP Supplier's Name	Indicates whether the supplier name on the DMERC Certificate for Medical Necessity (CMN) matches the supplier name on the claim.
397	397	RC-ORIGIN-FLAG	X(1)	0 - 9 and A - Z	Indicates where the fee used in determining payment originated.
398	398	SUMMARY-CHK-IND	X(1)	0-8 - summary check indicator A - bulk E - EFT	Denotes how remittances are to be bundled together for creation of benefit checks.
399	407	PROV-SSN-NBR	X(9)		Provider Social

Start	End	Field Name	Type	Length	Description
					Security Number.
408	408	PROV-TYPE	X(1)	0-8	Designate whether the provider/supplier is using his or her own, a group's, or an employer's identification number for billing and procedure code processing.
409	409	PROV-BCR	X(1)		No longer used by DMAC.
410	411	PRICING-AREA	X(2)		This field indicates the geographic pricing area where the procedure was performed.
412	413	PRICING-SPEC	X(2)		The specialty of a provider/supplier used for pricing a claim.
414	427	EOB-NAME	X(14)	May contain special characters	No longer used by DMAC
428	429	PROV-SPEC	X(2)		The specialty of a provider/supplier used for pricing a claim.
430	431	PROV-AREA	X(2)		Indicates the geographic area where the procedure was performed.
432	432	PR-PAR-IND	X(1)		Indicates whether the provider/supplier has contracted with Medicare to provide services and/or supplies.
433	441	PROV-ZIP-CODE	X(9)		Nine digit Provider/Supplier zip code.
442	444	AFT-CARE-DAYS	9(3)		No longer used by DMAC.
445	448	AFN-NUMBERS	GROUP		AFN Number Groups
445	447	AFN-NUMBER(1)	X(3)		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for

Start	End	Field Name	Type	Length	Description
					a single or set of procedures/supplies.
448	448	AFN-ERROR(1)	X(1)		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.
449	451	AFN-NUMBER(2)	X(3)		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for a single or set of procedures/supplies.
452	452	AFN-ERROR(2)	X(1)		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.
453	455	AFN-NUMBER(3)	X(3)		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for a single or set of procedures/supplies.
456	456	AFN-ERROR(3)	X(1)		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.
457	459	AFN-NUMBER(4)	X(3)		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for a single or set of procedures/supplies.

Start	End	Field Name	Type	Length	Description
460	460	AFN-ERROR(4)	X(1)		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.
461	463	AFN-NUMBER(5)	X(3)		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for a single or set of procedures/supplies.
464	464	AFN-ERROR(5)	X(1)		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.
465	468	RELATIVE-VALUE-UNIT	9(3)V99		No longer used by DMAC.
469	496	LINE-PRICING-OPTIONS	GROUP		Line Pricing Options Group
469	470	MPR-OPTION(1)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
471	472	MPR-OPTION(2)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
473	474	MPR-OPTION(3)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
475	476	MPR-OPTION(4)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
477	478	MPR-OPTION(5)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing

Start	End	Field Name	Type	Length	Description
					action for a procedure.
479	480	MPR-OPTION(6)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
481	482	MPR-OPTION(7)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
483	484	MPR-OPTION(8)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
485	486	MPR-OPTION(9)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
487	488	MPR-OPTION(10)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
489	490	MPR-OPTION(11)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
491	492	MPR-OPTION(12)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
493	494	MPR-OPTION(13)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.
495	496	MPR-OPTION(14)	X(2)		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.

Start	End	Field Name	Type	Length	Description
497	503	LI-1PERCENT-RED-AMT	9(5)V99		The dollar amount of the reductions taken for the Gramm-Rudman determination in 1988.
504	510	CWF-EST-INTEREST-AMT-BENE	9(5)V99		Estimated amount of Claim Processing Timeliness (CPT) interest paid to the beneficiary due to late processing of claim which is sent to CWF.
511	517	CWF-EST-INTEREST-AMT-PROV	9(5)V99		Estimated amount of Claim Processing Timeliness (CPT) interest paid to the provider/supplier due to late processing of claim which is sent to CWF.
518	524	CWF-EST-BENE-PAYMENT	9(5)V99		The claim line level estimated payment to the beneficiary which is sent to CWF.
525	531	CWF-EST-PROV-PAYMENT	9(5)V99		The claim line level estimated payment to the provider which is sent to CWF.
532	541	PRO-NUMBER-1991	X(10)		No longer used by DMAC.
542	551	L-ASSOC-PROV	X(10)		No longer used by DMAC.
552	566	DMERC-QCN-PREV	X(15)		This is the previous Query Control Number (QCN) on the DMERC Certificate of Medical Necessity (CMN).
567	567	MEDICAL-REVIEW-CAT	X(1)	1 - automated 2 - manual 3 - complex <spaces>	The category of manual medical review/utilization review (MRUR) performed.
568	568	MEDICAL-REVIEW-IND	X(1)	A - approved D - denied R - reviewed <spaces>	Action taken due to the medical review/utilization review (MRUR).

Start	End	Field Name	Type	Length	Description
569	569	LIABILITY-WAIVER-IND	X(1)	1 - No waiver received. 2 - Waiver received and acceptable. 3 - Waiver received, but not acceptable. <spaces>	Indicates whether a waiver of liability letter has been attached.
570	570	REPR-PROC-TYPE	X(1)	0-9, A-Z	Type of service for the reprice procedure or supply.
571	571	HCPCS-TYPE	X(1)		Type of HCPCS entered.
572	578	DME-CR-FEE	9(5)V99		The dollar amount used in pricing the supply for Medicare
579	580	PERF-PROV-SPEC	X(2)		Performing provider specialty code.
581	581	DOWNCODE-IND	X(1)	Y - downcoded <spaces>	Indicates that the claim line was downcoded.
582	588	DME-PURCHASE	9(5)V99	<spaces> if not purchased	The purchase price of the supply.
589	589	GEN-LETTER-SW	X(1)	1 - letter generated <spaces>	Indicates whether a letter for purchased diagnostics has been sent.
590	596	LF-REDUCTION	9(5)V99		The amount the payment is reduced due to late filing
597	599	CBA-CATEGORY	X(3)		The National Competitive Bid category with which the procedure code is associated.
600	602	RULE-NUMBER(1)	X(3)		Review utilization claim line edit number.
603	603	RULE-ERROR(1)	X(1)	<space> U - criteria met	Indicates whether the criteria of the RULE have been met.
604	606	RULE-NUMBER(2)	X(3)		Review utilization claim line edit number.
607	607	RULE-ERROR(2)	X(1)	<space> U - criteria met	Indicates whether the criteria of the RULE have been met.

Start	End	Field Name	Type	Length	Description
608	610	RULE-NUMBER(3)	X(3)		Review utilization claim line edit number.
611	611	RULE-ERROR(3)	X(1)	<space> U - criteria met	Indicates whether the criteria of the RULE have been met.
612	614	RULE-NUMBER(4)	X(3)		Review utilization claim line edit number.
615	615	RULE-ERROR(4)	X(1)	<space> U - criteria met	Indicates whether the criteria of the RULE have been met.
616	618	RULE-NUMBER(5)	X(3)		Review utilization claim line edit number.
619	619	RULE-ERROR(5)	X(1)	<space> U - criteria met	Indicates whether the criteria of the RULE have been met.
620	622	UR-ERROR-CODE	X(3)		The review error code used for Utilization Review (UR).
623	623	UR-ERROR-TYPE	X(1)		The type of Utilization/Review (UR) error that occurred.
624	630	ORIG-FROM-DT	X(7)	CCYYYDDD, <space>	The first date the service was performed or the date the supply was acquired.
631	637	ORIG-TO-DT	X(7)	CCYYYDDD, <space>	This is the last date the service was performed.
638	638	CODE-STATUS	X(1)		No longer used by DMAC.
639	640	WRKLD-CAT	X(2)		The category in which claim is reported on the CMS 1565 Workload Report.
641	641	EAR-RR-SW	X(1)	<space>, Y	Indicates that an EAR has denied a claim line with a return reject action code.
642	642	LI-DOC-IND	X(1)	1, 2, 3, 4, 5, 6, 9, <spaces>	This field tells where the additional documentation for the claim line is located.
643	649	LI-START-RECERT-DATE	X(7)	CCYYYDDD, <space>	The start date for the recertification of a Certificate of Medical

Start	End	Field Name	Type	Length	Description
					Necessity (CMN) for DMERC.
650	652	LI-MED-NECESS	9(3)		This field indicates the length of time the supply is considered a medical necessity.
653	659	LI-CERT-PURCH-PRICE	9(5)V99		The purchase price of the supply.
660	661	INFO-AC	X(2)	00-ZZ	An informational action code linked to messages that will be displayed on the Medicare Summary Notice (MSN) and/or Remittance Advice (RA) that explains how a claim line was paid.
662	668	LINE-PSYCH-COINS	9(5)V99		No longer used by DMAC.
669	671	UR-SCREEN-NUMBER	X(3)		The case or file number used for the utilization review.
672	674	RB-SCREEN-NUMBER	X(3)		The number assigned to a medical review policy for rebundling.
675	675	AUTO-REVIEW-IND	X(1)		Indicates whether an MR (Manual Review) edit has fired.
676	676	AUTO-REV-LVL-IND	X(1)	<space>, 1, 2, 3	The category level of medical review/utilization review (MRUR) done on the claim line.
677	677	CR-IND	X(1)	Y, N	Indicates whether a claim line has hit an edit causing the claim to suspend for review.
678	678	TEAM-IND-LINE	X(1)	A-Z, <spaces>	This field is a special indicator for Durable Medical Equipment Carrier (DMERC) team processing.
679	681	CMN-GRID-SCREEN	X(3)		Indicates the screen number from the grid review.

Start	End	Field Name	Type	Length	Description
682	683	CMN-GRID-ACTION	X(2)		Indicates action taken on the claim line or the Certificate of Medical Necessity (CMN) based on the result of grid logic being performed.
684	696	LINE-ANSI-CODES(1)	GROUP		Line ANSI Codes Groups
684	685	LI-ANSI-GROUP(1)	X(2)		Identifies the ANSI group code for payment adjustment on the Remittance Advice.
725	728	LI-ANSI-REASON(4)	X(4)	Special characters allowed	Indicates the reason the adjustment was made.
729	735	LI-ANSI-AMOUNT(4)	9(5)V99		The amount of the ANSI adjustment.
736	737	LI-ANSI-GROUP(5)	X(2)		Identifies the ANSI group code for payment adjustment on the Remittance Advice.
738	741	LI-ANSI-REASON(5)	X(4)	Special characters allowed	Indicates the reason the adjustment was made.
742	748	LI-ANSI-AMOUNT(5)	9(5)V99		The amount of the ANSI adjustment.
586	689	LI-ANSI-REASON(1)	X(4)	Special characters allowed	Indicates the reason the adjustment was made.
690	696	LI-ANSI-AMOUNT(1)	9(5)V99		The amount of the ANSI adjustment.
697	698	LI-ANSI-GROUP(2)	X(2)		Identifies the ANSI group code for payment adjustment on the Remittance Advice.
699	702	LI-ANSI-REASON(2)	X(4)	Special characters allowed	Indicates the reason the adjustment was made.
703	709	LI-ANSI-AMOUNT(2)	9(5)V99		The amount of the ANSI adjustment.
710	711	LI-ANSI-GROUP(3)	X(2)		Identifies the ANSI group code for payment adjustment on the Remittance Advice.

Start	End	Field Name	Type	Length	Description
712	715	LI-ANSI-REASON(3)	X(4)	Special characters allowed	Indicates the reason the adjustment was made.
716	722	LI-ANSI-AMOUNT(3)	9(5)V99		The amount of the ANSI adjustment.
723	724	LI-ANSI-GROUP(4)	X(2)		Identifies the ANSI group code for payment adjustment on the Remittance Advice.
725	728	LI-ANSI-REASON(4)	X(4)	Special characters allowed	Indicates the reason the adjustment was made.
729	735	LI-ANSI-AMOUNT(4)	9(5)V99		The amount of the ANSI adjustment.
736	737	LI-ANSI-GROUP(5)	X(2)		Identifies the ANSI group code for payment adjustment on the Remittance Advice.
738	741	LI-ANSI-REASON(5)	X(4)	Special characters allowed	Indicates the reason the adjustment was made.
742	748	LI-ANSI-AMOUNT(5)	9(5)V99		The amount of the ANSI adjustment.
749	750	LI-ANSI-GROUP(6)	X(2)		Identifies the ANSI group code for payment adjustment on the Remittance Advice.
751	754	LI-ANSI-REASON(6)	X(4)	Special characters allowed	Indicates the reason the adjustment was made.
755	761	LI-ANSI-AMOUNT(6)	9(5)V99		The amount of the ANSI adjustment.
775	781	LI-PREV-AMT-PAID-PROV	9(5)V99		The previous amount paid to the Provider by Medicare for the treatment or supplies listed on the claim line.
789	795	LI-BUDS-ALLOWED-AMT	9(5)V99		The amount that Medicare will allow the provider/supplier to charge for the procedure. This is the amount prior to any deductions or offsets.
796	820	LINE-ANSI-REMARKS	GROUP		Line ANSI Remark

Start	End	Field Name	Type	Length	Description
					Codes Groups
796	800	LI-ANSI-RMK-CODE(1)	X(5)		The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSN.
801	805	LI-ANSI-RMK-CODE(2)	X(5)		The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSN.
806	810	LI-ANSI-RMK-CODE(3)	X(5)		The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSN.
811	815	LI-ANSI-RMK-CODE(4)	X(5)		The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSN.
816	820	LI-ANSI-RMK-CODE(5)	X(5)		The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSN.
821	827	LI-ORIG-COINS-AMT	9(5)V99		The original benefit amount on the claim line being allocated to coinsurance.
828	828	QCN-ORIGIN-IND	X(1)		Indicates how the Query Control Number (QCN) was selected for the Certificate of Medical Necessity.
829	835	LI-PAT-RESP	9(5)V99		The amount of the benefit payment on the claim line that the patient is responsible for.
836	860	PERF-PROV-NAME	X(25)		The name of the provider/supplier that performed the

Start	End	Field Name	Type	Length	Description
					procedure or provided the supply.
861	861	PERF-PROV-REFORMAT-IND	X(1)	B - DR, First Name, Middle Initial, Last Name D - DR + Performing Provider's Name N - No Reformatting R or E - First Name, Middle Initial, Last Name <spaces>	This field tells how the name was reformatted.
862	862	INIT-ALLOW-IND	X(1)	<space>, Y	Designates the allowed amount is the initial allowed amount.
863	863	LINE-DEMO-IND	X(1)	<space>, B, E, N, P, R, Y	Indicates if the beneficiary is involved in a CMS demonstration.
864	864	RESET-INIT-ALLOWED	X(1)		Tells the system whether to reset the initial allowed amount when a line is reduced or denied after the claim has been returned from the Common Working File (CWF).
865	865	ONLINE-PROJ-IND	X(1)		No longer used by DMAC.
866	866	MSA-PRICING-IND	X(1)		This field shows the supplier Competitive Bid contract status
867	867	GRANDFATHER-IND	X(1)		This field indicates grand fathering" used in the Competitive Bid programs. "
868	876	RBN-PROC-CODE	X(9)		The matching procedure code in a rebundling code pair.
877	883	MSP-PRIMARY-ALLOWED	9(5)V99		The line amount the primary insurance allowed when Medicare is the secondary payer.

Start	End	Field Name	Type	Length	Description
884	890	MSP-PRIMARY-PAID	9(5)V99		The line amount the primary insurance paid when Medicare is the secondary payer.
891	891	MSP-PRIMARY-SOURCE	X(1)	C - Operator Entered on Claim M - Calculated by MSPPAY <spaces>	This is the source of the previous two MSP fields.
892	892	AUDIT-REC-IND	X(1)	D - Line is denied as a duplicate N - not subject to PIMR review Y - Audit record written for that line	Indicates the activity taken on a claim line during a medical review for Program Integrity Management Reporting (PIMR).
893	899	MSP-OTA-AMOUNT	9(5)V99	<spaces> if no MSP-OTA	The claim line amount that the primary payer is contracted to accept for the procedure or supply provided.
900	900	LI-MSPPAY-TYPE	X(1)	0 or 2 - Medicare is primary, no reduction in payment 1 or 3 - Medicare is secondary, reduction in payment E - The PA or PPD are zero and claim paid or allow >0 <spaces>	Indicates whether Medicare is primary or secondary payer for a Medicare Secondary Payer (MSP) payment.
901	902	PRICING-FY	X(2)		Identifier for the pricing bucket used for pricing.
903	904	PRICING-YR-OPTION	X(2)		The pricing option used.
905	911	DATE-PRICED	X(7)	CCYYYDDD, <space>	The date the claim line was priced.
912	918	PRICING-YR-FROM-DT	X(7)	CCYYYDDD, <space>	The begin date of the pricing bucket used for pricing the claim line.

Start	End	Field Name	Type	Length	Description
919	925	PRICING-YR-TO-DT	X(7)		The end date of the pricing bucket used for pricing the claim line.
926	929	ANSI-LI-NBR	9(4)		The ANSI Line Number on the store and forward files.
930	930	DOC-SUPF-ERR-IND	X(1)		Set when a supplier error is encountered.
931	931	INFO-LN-IND	X(1)	<space>, A - upgraded procedure or supply	ABN lines are identified as ABN code pairs. One line represents the upgraded item and the other line represents the prescribed item. This field and the INFO-LN-XREF field define these ABN code pairs. This field indicates whether the procedure/supply on the claim line has been upgraded.
932	933	INFO-LN-XREF	9(2)		The line number associated with the other half of the ABN code pair.
934	934	ABN-IND	X(1)	1-9, A, <spaces>	This field represents additional ABN modifiers that could not fit on the procedure codes.
935	939	ORIG-PROCEDURE	X(5)		The original procedure/supply code.
940	950	ORIG-NDC-CODE	X(11)		The original NDC (National Drug Code) code submitted electronically.
951	965	NDC-HCPCS-CF	9(9)V9(6)		NDC units conversion factor.
966	968	HCT	9(2)V9		The results of the hemoglobin/hematocrit test.
969	969	LMRP-NCD-IND	X(1)		This field indicates whether LMRP/NCDs were written out for the claim line.

Start	End	Field Name	Type	Length	Description
970	970	MSP-AMT-IND	X(1)		Indicates which MSP amount fields should be sent to MSP Pay.
971	975	DUPE-CARRIER	X(5)		No longer used by DMAC
976	995	CWF-LNE-OVRD-AREA	GROUP		CWF Line Override Group
976	979	CWF-LNE-OVERRIDE(1)	X(4)		The CWF Line error code that was overridden by the DME MAC.
980	983	CWF-LNE-OVERRIDE(2)	X(4)		The CWF Line error code that was overridden by the DME MAC.
984	987	CWF-LNE-OVERRIDE(3)	X(4)		The CWF Line error code that was overridden by the DME MAC.
988	991	CWF-LNE-OVERRIDE(4)	X(4)		The CWF Line error code that was overridden by the DME MAC.
992	995	CWF-LNE-OVERRIDE(5)	X(4)		The CWF Line error code that was overridden by the DME MAC.
996	1005	PERF-PROV-NPI	X(10)		The NPI number for the provider/supplier who performed/provided the procedure/supply.
1006	1006	PERF-PROV-NPI-IND	X(1)	<space> - Legacy number was received 1 - National Provider ID (NPI) was received 2 - Both the Legacy and NPI were received	Indicates whether the performing provider/suppliers legacy number, NPI or both were received.
1007	1011	MUE	9(5)		Number of services associated with a Medically Unlikely Edit (MUE).

Start	End	Field Name	Type	Length	Description
1012	1012	LINE-PLACEHOLDER-NPI	X(1)	<space> - The claim was not processed with a placeholder NPI Y - The claim was processed with a placeholder NPI	Indicates whether the supplier NPI on the claim is a valid placeholder value.
1013	1015	CBA-SEC-CATEGORY	X(3)		National Competitive Bid category associated with a downcoded procedure.
1016	1018	CBA-SUPPL-CATEGORY	X(3)		National Competitive Bid supplier category.
1019	1025	ORDER-WRITTEN-DATE	X(7)		Order written date in Julian date (YYJJJ) format.
1026	2500	LINE-FILLER	X(1475)		Filler

1.10 Claim Medical Necessity Layout

Table 10: MCS Claim Medical Necessity Layout

Start	End	Field Name	Type	Length	Description
1	25	IDR-REC-KEY	GROUP		IDR Record Key Group
1	5	IDR-REC-CARRIER	X(5)	16003, 17003, 18003, 19003	Unique identification number for each carrier
6	7	IDR-REC-PHASE	X(2)	2	Indicates which of the 3 phases in the IDR Life cycle the CMN is reported in. CMNs are only reported in Phase II.
8	8	IDR-REC-TYPE	X(1)	D	A single character value which identifies the type of records summarized for IDR.
9	23	IDR-REC-FULL-QCN	GROUP		Rec Full QCN Group
9	21	IDR-REC-QCN-BASE	X(13)		The first 13 digits of the Quality Control Number (QCN) consisting of the following information presented in the format CYYJJJTSSSSSSLL: C is the century of creation; specify 0 for 19xx or 1 for 20xx " YYJJJ is the date of creation in Julian (YYJJJ) format; specify five alphanumeric characters " T is the method or mode of creation " SSSSSS is sequencing with method or mode of creation; specify a value

Start	End	Field Name	Type	Length	Description
22	23	IDR-REC-QCN-SEQ-NO	X(2)	00-99	The last two digits of the QCN presented in the following format CYYJJJTSSSSSSLL where LL is the level of revision or recertification available: specifically two digits from the range of 00 through 99.
24	25	IDR-REC-LINE	9(2)	0	Zero filled two byte placeholder to maintain consistency with related records
26	972	CMN-DATA	GROUP		CMN DATA GROUP
26	26	CMN-BASE-TYPE	X(1)	<spaces> 1 = Trailer 15 2 = Trailer 16 3 = Full CMN 4 = Prior Authorization CMN	Single character value which identifies Trailer 15 (Skeleton) and Trailer 16 (Full CMNs entered by other DMERCs) CMNs. These CMNs are added to the VMS CMN file from CWF. VMS does not edit against Trailers 15 and 16. They are not treated as CMNs for edit purposes; they are in the CMN file for informational purposes only.
27	27	CMN-TYPE	X(1)	1 - initial 2 - revision 3 - recertification	This field indicates whether the CMN is an initial, revision or recertification.
28	30	CMN-FORM	X(3)	FORM NUMBER:01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 48 FORM SUFFIX: A, B, C, D, E, 4	A combination of CMN Form Number and CMN Form Suffix to identify a CMN Question Set
31	31	CMN-FILE-LOCATION	X(1)	0 - Dynamic CMN File 1 thru 4 - Static CMN File	This field indicates the specific file location of the CMN.
32	220	CMN-DATES	GROUP		CMN DATES GROUP
32	38	CMN-INITIAL-DATE	X(7)	CCYYDDD	Date the CMN is to take effect.
39	45	CMN-END-DATE	X(7)	CCYYDDD	Date the CMN is no longer valid.
46	52	CMN-REVISE-RECERT-DATE	X(7)	CCYYDDD, <spaces>	Date the CMN was revised or recertified.
53	59	CMN-SCHED-RECERT-DATE	X(7)	CCYYDDD, <spaces>	Date the CMN needs to be recertified by.
60	66	CMN-NEXT-RECERT-DATE	X(7)	CCYYDDD, <spaces>	Date the CMN needs to be recertified by.
67	73	CMN-DISCONTINUE-DATE	X(7)	CCYYDDD, <spaces>	Date the CMN is no longer valid.
74	80	CMN-DELETE-DATE	X(7)	CCYYDDD, <spaces>	Date the CMN is no longer valid.

Start	End	Field Name	Type	Length	Description
81	87	CMN-FIRST-MAINT-DATE	X(7)	CCYYDDD, <spaces>	Date the CMN maintenance is to take effect. This data element includes both current and previous from dates.
88	94	CMN-LAST-MAINT-DATE	X(7)	CCYYDDD, <spaces>	Date the last maintenance claim was paid for the supply listed on the CMN.
95	101	CMN-PREV-INIT-DATE	X(7)	CCYYDDD, <spaces>	Initial date from the previous CMN for the item.
102	108	CMN-INIT-MAINT-DATE	X(7)	CCYYDDD, <spaces>	Initial maintenance date from the previous CMN for this item
109	115	CMN-PREV-END-DATE	X(7)	CCYYDDD, <spaces>	End date from the previous CMN for this item.
116	122	CMN-END-MAINT-DATE	X(7)	CCYYDDD, <spaces>	This is the last date maintenance was performed on a supply. It is used as date for payment.
123	129	CMN-PAY-MAINT-DATE	X(7)	CCYYDDD, <spaces>	Date of payment for the maintenance of a supply on a CMN.
130	136	CMN-ONL-KH-MAINT-DATE	X(7)	CCYYDDD, <spaces>	This is the date that an online operator updated the KH bucket in the CMN
137	143	CMN-ONL-KI-MAINT-DATE	X(7)	CCYYDDD, <spaces>	This is the date that an online operator updated the KI bucket in the CMN
144	150	CMN-ONL-KJ-MAINT-DATE	X(7)	CCYYDDD, <spaces>	This is the date that an online operator updated the KJ bucket in the CMN
151	157	CMN-GRID-MAINT-DATE	X(7)	CCYYDDD, <spaces>	The date of payment by Grid processing for DMERC claims.
158	164	CMN-SUPERPOST-MAINT-DATE	X(7)	CCYYDDD, <spaces>	Date of payment for the maintenance of a supply on a CMN.
165	171	CMN-PREV-NSTY-MAINT-DATE	X(7)	CCYYDDD, <spaces>	Date of payment for the maintenance of a supply on a CMN.
172	178	CMN-LUMP-MAINT-DATE	X(7)	CCYYDDD, <spaces>	Date of lump sum payment of a supply on a CMN.
179	185	CMN-MAINT-MAINT-DATE	X(7)	CCYYDDD, <spaces>	Date of payment for the maintenance of a supply on a CMN.
186	192	CMN-TOTAL-MAINT-DATE	X(7)	CCYYDDD, <spaces>	Date of payment for maintenance on a supply listed on a CMN.
193	220	FILLER	X(28)		Filler
221	256	CMN-OPERIDS	GROUP		CMN OPERIDS GROUP
221	223	CMN-INIT-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.

Start	End	Field Name	Type	Length	Description
224	226	CMN-END-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
227	229	CMN-PAY-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
230	232	CMN-ONL-KH-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
233	235	CMN-ONL-KI-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
236	238	CMN-ONL-KJ-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
239	241	CMN-GRID-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
242	244	CMN-SUPERPOST-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.

Start	End	Field Name	Type	Length	Description
245	247	CMN-PREV-NCSTY-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
248	250	CMN-LUMP-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
251	253	CMN-MAINT-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
254	256	CMN-TOTAL-OPERID	X(3)	individual user id , SYS or ***	This is the VMS identification number of the operator who has performed the activity. The activity may include but is not restricted to: entering claim, updating claim, updating a screen, generating a letter, updating a receivable, etc.
257	259	CMN-NECESSITY-LENGTH	9(3)		Length of time, in months, that a DMEPOS item is medically necessary.
260	262	CMN-PREV-KH-RNTL-PAYNO	9(3)		Previous number of payments made for the rental item with modifier KH. The modifier number will change depending on the number of payments made. KH modifier is for the first rental payment.
263	265	CMN-PREV-KH-SUM-PAYNO	9(3)		Previous number of payments for a rental item with modifier KH. The modifier will change depending on the number of payments made. KH modifier is for the first rental payment.
266	268	CMN-PREV-KI-RNTL-PAYNO	9(3)		Previous number of payments made for the rental item with modifier KI. The modifier number will change depending on the number of payments made. KI modifier is for the second and third rental payments.

Start	End	Field Name	Type	Length	Description
269	271	CMN-PREV-KI-SUM-PAYNO	9(3)		Previous number of payments for a rental item with modifier KI. The modifier number will change depending on the number of payments made.KI modifier is for the second and third rental payments.
272	274	CMN-PREV-KJ-RNTL-PAYNO	9(3)		Previous number of payments made for the rental item with modifier KJ. The modifier number will change depending on the number of payments made. KJ modifier is for the fourth and subsequent payments.
275	277	CMN-PREV-KJ-SUM-PAYNO	9(3)		Previous number of payments for a rental item with modifier KJ. The modifier number will change depending on the number of payments made. KJ modifier is for the fourth and subsequent rental payments.
278	280	CMN-PEND-KH-RNTL-PAYNO	9(3)		Pending number of payments made for the rental item with modifier KH. The modifier number will change depending on the number of payments made. KH modifier is for the first rental payment.
281	283	CMN-PEND-KH-SUM-PAYNO	9(3)		Pending number of payments for a rental item with modifier KH. The modifier will change depending on the number of payments made. KH modifier is for the first rental payment.
284	286	CMN-PEND-KI-RNTL-PAYNO	9(3)		Pending number of payments made for the rental item with modifier KI. The modifier number will change depending on the number of payments made. KI modifier is for the second and third rental payments.
287	289	CMN-PEND-KI-SUM-PAYNO	9(3)		Pending number of payments for a rental item with modifier KI. The modifier number will change depending on the number of payments made.KI modifier is for the second and third rental payments.
290	292	CMN-PEND-KJ-RNTL-PAYNO	9(3)		Pending number of payments for a rental item with modifier KJ. The modifier number will change depending on the number of payments made. KJ modifier is for the fourth and subsequent rental payments.

Start	End	Field Name	Type	Length	Description
293	295	CMN-PEND-KJ-SUM-PAYNO	9(3)		Pending number of payments for a rental item with modifier KJ. The modifier number will change depending on the number of payments made. KJ modifier is for the fourth and subsequent rental payments.
296	298	CMN-PREV-RENTAL-PAYNO	9(3)		Previous total number of rental payments
299	307	CMN-PREV-RENTAL-PAYAMT	9(7)V99		Previous sum of payment amounts for rental payments
308	310	CMN-PREV-LUMPSUM-PAYNO	9(3)		Previous total number of lump sum payments
311	319	CMN-PREV-LUMPSUM-PAYAMT	9(7)V99		Previous sum of payment for lump sum payments.
320	322	CMN-PREV-MAINT-PAYNO	9(3)		Previous total number of maintenance payments
323	331	CMN-PREV-MAINT-PAYAMT	9(7)V99		Previous sum of payment for maintenance payments
332	334	CMN-PREV-TOTAL-PAYNO	9(3)		Previous total number of payments (rental + lump sum + maintenance).
335	343	CMN-PREV-TOTAL-PAYAMT	9(7)V99		Previous total sum of payment amounts (rental + lump sum + maintenance)
344	346	CMN-RENTAL-PAY-NUMBER	9(3)		Total number of rental payments
347	355	CMN-RENTAL-PAY-AMOUNT	9(7)V99		Sum of payment amounts for rental payments
356	358	CMN-LUMP-SUM-PAY-NUMBER	9(3)		Total number of lump sum payments
359	367	CMN-LUMP-SUM-PAY-AMOUNT	9(7)V99		Sum of payment amounts for lump sum payments
368	370	CMN-MAINT-PAY-NUMBER	9(3)		Total number of maintenance payments
371	379	CMN-MAINT-PAY-AMOUNT	9(7)V99		Sum of payment amounts for maintenance payments
380	382	CMN-TOTAL-PAY-NUMBER	9(3)		Total number of payments (rental + lump sum + maintenance)
383	391	CMN-TOTAL-PAY-AMOUNT	9(7)V99		Total sum of payment amounts (rental + lump sum + maintenance)
392	400	CMN-SUBMITTED-CHARGE	9(7)V99		The dollar amount submitted by the provider/supplier as a charge for the procedure/supply on the most recent

Start	End	Field Name	Type	Length	Description
					claim processed.
401	409	CMN-ALLOWED-CHARGE	9(7)V99		The amount CMS allows the provider/supplier to bill for the procedure/supply on the claim on the most recent claim processed.
410	418	CMN-RC-CHARGE	9(7)V99		Reasonable charge or fee schedule amount allowed for that item. This is used in determining payment for a procedure or supply.
419	427	CMN-IC-CHARGE	9(7)V99		The fee entered by an operator to manually price for customized DME items.
428	430	CMN-PENDED-CLAIM-NUMBER	9(3)		Total number of claims pending against the CMN.
431	445	CMN-PENDED-CLAIM-CCN(1)	9(15)		This field is a unique 15-byte claim control number (CCN) assigned to each claim. The format is CYYJJJBBBBSSQQQ. C - Century YY - Year JJJ - Julian Date BBBB - Batch Number (0000 - 9999) SS - Sequence Number (00 - 99) QQQ - Qualifier Q1 - Split Q2 - Replicate Q3 - Adjustment
446	452	CMN-PENDED-CLAIM-DATE(1)	X(7)	CCYYDDD, <spaces>	This field is the date the claim was entered into the system.
453	467	CMN-PENDED-CLAIM-CCN(2)	9(15)		This field is a unique 15-byte claim control number (CCN) assigned to each claim. The format is CYYJJJBBBBSSQQQ. C - Century YY - Year JJJ - Julian Date BBBB - Batch Number (0000 - 9999) SS - Sequence Number (00 - 99) QQQ - Qualifier Q1 - Split Q2 - Replicate Q3 - Adjustment
468	474	CMN-PENDED-CLAIM-DATE(2)	X(7)	CCYYDDD, <spaces>	This field is the date the claim was entered into the system.
475	489	CMN-PENDED-CLAIM-CCN(3)	9(15)		This field is a unique 15-byte claim control number (CCN) assigned to each claim. The format is CYYJJJBBBBSSQQQ C - Century YY - Year JJJ - Julian Date BBBB - Batch Number (0000 - 9999) SS - Sequence Number (00 - 99) QQQ - Qualifier Q1 - Split Q2 - Replicate Q3 - Adjustment

Start	End	Field Name	Type	Length	Description
490	496	CMN-PENDED-CLAIM-DATE(3)	X(7)	CCYYDDD, <spaces>	This field is the date the claim was entered into the system.
497	511	CMN-FIRST-CLAIM-CCN	9(15)		This field is a unique 15-byte claim control number (CCN) assigned to each claim. The format is CYYJJJBBBBSSQQQQ C - Century YY - Year JJJ - Julian Date BBBB - Batch Number (0000 - 9999) SS - Sequence Number (00 - 99) QQQ - Qualifier Q1 - Split Q2 - Replicate Q3 - Adjustment
512	518	CMN-FIRST-CLAIM-DATE	X(7)	CCYYDDD, <spaces>	This field is the date the first claim was entered into the system.
519	533	CMN-LAST-CLAIM-CCN	9(15)		This field is a unique 15-byte claim control number (CCN) assigned to each claim. The format is CYYJJJBBBBSSQQQ C - Century YY - Year JJJ - Julian Date BBBB - Batch Number (0000 - 9999) SS - Sequence Number (00 - 99) QQQ - Qualifier Q1 - Split Q2 - Replicate Q3 - Adjustment
534	540	CMN-LAST-CLAIM-DATE	X(7)	CCYYDDD, <spaces>	This field is the date the last claim was entered into the system.
541	543	CMN-ERROR-NUMBER	9(3)		Number of CWF errors currently attached to the CMN.
544	547	CMN-ERROR(1)	X(4)		CWF response code identifying an error.
548	551	CMN-ERROR(2)	X(4)		CWF response code identifying an error.
552	555	CMN-ERROR(3)	X(4)		CWF response code identifying an error.
556	557	CMN-STATUS-CODE-CURR	X(2)		Current status of the CMN.
558	564	CMN-STATUS-DATE-CURR	X(7)	CCYYDDD, <spaces>	Date the CMN was put in the current status.
565	567	CMN-STATUS-OPERID-CURR	X(3)	individual user id , SYS or ***	The VMS identification number of the operator who has placed the CMN in the status.
568	569	CMN-STATUS-CODE(1)	X(2)		Prior status of the CMN.
570	576	CMN-STATUS-DATE(1)	X(7)	CCYYDDD, <spaces>	Date the CMN was put in the status.
577	579	CMN-STATUS-OPERID(1)	X(3)	individual user id , SYS or ***	The VMS identification number of the operator who has placed the CMN in the status.
580	587	CMN-STATUS-PGM(1)	X(8)		The program responsible for the status change of the CMN.

Start	End	Field Name	Type	Length	Description
588	589	CMN-STATUS-CODE(2)	X(2)		Prior status of the CMN.
590	596	CMN-STATUS-DATE(2)	X(7)	CCYYDDD, <spaces>	Date the CMN was put in the status.
597	599	CMN-STATUS-OPERID(2)	X(3)	individual user id , SYS or ***	The VMS identification number of the operator who has placed the CMN in the status.
600	607	CMN-STATUS-PGM(2)	X(8)		The program responsible for the status change of the CMN.
608	609	CMN-STATUS-CODE(3)	X(2)		Prior status of the CMN.
610	616	CMN-STATUS-DATE(3)	X(7)	CCYYDDD, <spaces>	Date the CMN was put in the status.
617	619	CMN-STATUS-OPERID(3)	X(3)	individual user id , SYS or ***	The VMS identification number of the operator who has placed the CMN in the status.
620	627	CMN-STATUS-PGM(3)	X(8)		The program responsible for the status change of the CMN.
628	629	CMN-STATUS-CODE(4)	X(2)		Prior status of the CMN.
630	636	CMN-STATUS-DATE(4)	X(7)	CCYYDDD, <spaces>	Date the CMN was put in the status.
637	639	CMN-STATUS-OPERID(4)	X(3)	individual user id , SYS or ***	The VMS identification number of the operator who has placed the CMN in the status.
640	647	CMN-STATUS-PGM(4)	X(8)		The program responsible for the status change of the CMN.
648	649	CMN-STATUS-CODE(5)	X(2)		Prior status of the CMN.
650	656	CMN-STATUS-DATE(5)	X(7)	CCYYDDD, <spaces>	Date the CMN was put in the status.
657	659	CMN-STATUS-OPERID(5)	X(3)	individual user id , SYS or ***	The VMS identification number of the operator who has placed the CMN in the status.
660	667	CMN-STATUS-PGM(5)	X(8)		The program responsible for the status change of the CMN.
668	669	CMN-STATUS-CODE(6)	X(2)		Prior status of the CMN.
670	676	CMN-STATUS-DATE(6)	X(7)	CCYYDDD, <spaces>	Date the CMN was put in the status.
677	679	CMN-STATUS-OPERID(6)	X(3)	individual user id , SYS or ***	The VMS identification number of the operator who has placed the CMN in the status.
680	687	CMN-STATUS-PGM(6)	X(8)		The program responsible for the status change of the CMN.
688	689	CMN-STATUS-CODE(7)	X(2)		Prior status of the CMN.
690	696	CMN-STATUS-DATE(7)	X(7)	CCYYDDD, <spaces>	Date the CMN was put in the status.

Start	End	Field Name	Type	Length	Description
697	699	CMN-STATUS-OPERID(7)	X(3)	individual user id , SYS or ***	The VMS identification number of the operator who has placed the CMN in the status.
700	707	CMN-STATUS-PGM(7)	X(8)		The program responsible for the status change of the CMN.
708	709	CMN-STATUS-CODE(8)	X(2)		Prior status of the CMN.
710	716	CMN-STATUS-DATE(8)	X(7)	CCYYDDD, <spaces>	Date the CMN was put in the status.
717	719	CMN-STATUS-OPERID(8)	X(3)	individual user id , SYS or ***	The VMS identification number of the operator who has placed the CMN in the status.
720	727	CMN-STATUS-PGM(8)	X(8)		The program responsible for the status change of the CMN.
728	728	CMN-NOTE-IND	X(1)		Indicates the type of note this CMN has in VMS Notepad.
729	729	CMN-CERT-IND	X(1)		This field indicates that a copy of the CMN is on file at the supplier's office.
730	736	CMN-CERT-DATE	X(7)	CCYYDDD, <spaces>	The date the CMN was signed by the referring physician.
737	737	CMN-UPD-IN-BATCH	X(1)		This field indicates the CMN was updated in the batch cycle.
738	802	CMN-NARRATIVE	X(65)		This is a free form area on the CMN used for comments by the DME MACS.
803	812	CMN-EMC-SUB-ID	X(10)		This is the ten byte identifier number for the tape containing the Electronic Media Claim (EMC). This may be either a magnetic tape number or a Biller control number.
813	813	CMN-LETTER-IND	X(1)	G - Letter has been generated R - Letter has been requested <spaces>	Indicates if a letter for recertification of the CMN has been generated or requested.
814	820	CMN-LETTER-DATE	X(7)	CCYYDDD, <spaces>	The date the letter requesting information on the CMN was sent or requested.
821	822	CMN-PREV-GRID-ACTION	X(2)	BP - bypass DC - downcode DE - denied PA - paid PM - paid manually SN - suspend <spaces>	Indicates previous action taken on the claim or the CMN based on the result of grid logic being performed.
823	824	CMN-GRID-ACTION	X(2)	BP - bypass DC - downcode DE - denied PA - paid PM - paid manually SN -	Indicates current action taken on the claim or the CMN based on the result of grid logic being performed.

Start	End	Field Name	Type	Length	Description
				suspend	
825	826	CMN-FORM-REV	X(2)		This field contains the version number of the CMN.
827	828	CMN-ACTION-CODE	X(2)	00 - ZZ	A two digit field linked to messages that will be displayed on the MSN (Medicare Summary Notice) and/or RA (Remittance Advice) that explains how a line was paid.
829	829	CMN-ENTRY-IND	X(1)		Shows how the CMN was entered.
830	836	CMN-ENTRY-DATE	X(7)	CCYYDDD, <spaces>	This is the date the CMN was entered.
837	851	CMN-AUTOCOPY-QCN-NO	9(15)		This is the Query Control Number (QCN) that was copied to create the current CMN.
852	853	CMN-PREV-GRP	X(2)		This is used to indicate the field of the Automated Claims Examination System (ACES) GRID record that allowed the previous CMN to pay. This is only used if the Grid Action is equal to PA.
854	855	CMN-PREV-LVL	X(2)		This is used to indicate the field of the previous Automated Claims Examination System (ACES) GRID record level that allowed the CMN to pay. This is only used if the Grid Action is equal to PA.
856	859	CMN-PREV-SUB-LVL	X(4)		This indicates the Automated Claims Examination System (ACES) Entity Action Record (EAR) used to cause the claim line to use the specific grid logic for pricing. This data element also includes the previous sequence number.
860	861	CMN-GRP	X(2)		This is used to indicate the field of the current Automated Claims Examination System (ACES) GRID record that allowed the CMN to pay. This is only used if the Grid Action is equal to PA.
862	863	CMN-LVL	X(2)		This is used to indicate the field of the current Automated Claims Examination System (ACES) GRID record level that allowed the CMN to pay. This is only used if the Grid

Start	End	Field Name	Type	Length	Description
					Action is equal to PA.
864	867	CMN-SUB-LVL	X(4)		This is used to indicate the field of the current Automated Claims Examination System (ACES) GRID record level that allowed the CMN to pay. This is only used if the Grid Action is equal to PA.
868	870	CMN-GRID-SCREEN	9(3)		This indicates the screen number from the grid review.
871	885	CMN-CCN	9(15)		This designates the claim the CMN is attached to. This field is a unique 15-byte number assigned to each claim. The format is CYYJJJBBBBSSQQQQ C - Century YY - Year JJJ - Julian Date BBBB - Batch Number (0000 - 9999) SS - Sequence Number (00 - 99) QQQ - Qualifier Q1 - Split Q2 - Replicate Q3 - Adjustment
886	888	CMN-PREV-NECESSITY-LENGTH	9(3)		This field indicates the length of time the supply is considered a medical necessity. The supply must have a CMN.
889	889	CMN-END-DATE-SW	X(1)		Indicates that there is an end date on the CMN.
890	890	CMN-1ST-AUTO-REVIEW-IND	X(1)	Y N	This field designates that the system automatically requires a review of this CMN.
891	891	CMN-SUPEROP-SW	X(1)	1 - Combination of S and Y 2 - Combination of S and Y 3 - Combination of S and Y B - Combination of S and Y E - Combination of S and Y S - SURE took action in batch Y - SuperOp took action online <spaces>	This field denotes whether a claim has been touched by SUPEROP.
892	892	CMN-SUPERPOST-SW	X(1)	Y - CMN superposted	This indicates whether the CMN has been super posted to CWF.

Start	End	Field Name	Type	Length	Description
893	898	CMN-MPR-ACTIVITY-TYPE	X(6)		Activity type for Medical Review and Utilization Review (MRUR) edits.
899	903	CMN-MPR-EDIT-CODE	X(5)	00001 - 99999	This field displays the edit code associated with an activity type. These edits are set up by the carriers on the system.
904	908	CMN-GRID-EDIT-CODE	X(5)		The error number assigned when a CMN fails grid editing.
909	909	CMN-CAT6-OEND-LT122100	X(1)	N - This is an original CMN for a lifetime drug OR This is an original CMN Y - This is not an original CMN but is for lifetime drugs. OR This is not an original CMN but may be extended for up to 44 months	This field indicates whether a CMN for immuno-suppressive drugs may be extended. Not active at this time.
910	910	CMN-CAT6-OINIT-LT042197	X(1)		This field indicates whether a CMN for immuno-suppressive drugs may be extended. Not active at this time.
911	917	X837-SUBMIT-DATE	X(7)	CCYYDDD, <spaces>	The date of receipt of the inbound HIPAA transaction for this claim
918	921	X837-SUBMIT-SEQ	9(4)		The sequence number of the inbound HIPAA transaction for this claim
922	922	AUTOCOPY-TYPE	X(1)	F - CMN Autocopy Form List screen H - CMN Autocopy HCPCS List screen P - CMN Autocopy Procedure List Screen S - CMN Form 09A Logic <spaces>	This field designates the type of VMAP/4D Auto copy Detail screen used for systematically copying a CMN.
923	931	AUTOCOPY-TABLE	X(9)		This field is used when a dummy CMN is created systematically (auto copy) to track rental payments for capped rental items and for the purchase and rental of inexpensive and routinely purchased items.
932	933	INIT-CMNS-ABG-LVL	X(2)		Arterial Blood Gas (ABG) Level on the CMN.
934	935	INIT-CMNS-	X(2)		Oxygen saturation level on the CMN.

Start	End	Field Name	Type	Length	Description
		SAT-LVL			
936	938	CMN-CARRYOVER	9(3)		Total claim count for an oxygen equipment procedure code at the time the supplier was changed from a non-bid supplier to a competitive bid supplier.
939	941	CMN-PROC-BID-CAT	X(3)	001 - 500	Product category code for the National Competitive Bid project.
942	946	CMN-SUPPLIER-CBA	X(5)		CBA (Competitive Bid Area) value used in the National Competitive Bid Project.
947	947	CMN-REISSUE-IND	X(1)	<spaces> - CMN has not been reissued Y - CMN has been reissued	Indicates whether the CMN has been reissued.
948	950	CMN-CALC-NEC-LEN	9(3)		System calculated necessity length
951	975	FILLER	X(25)		Filler
976	976	CWF-ORIGINATING-SITE	X(1)		The site that created the Certificate of Medical Necessity, according to the CWF.
977	977	CWF-PROCESSING-SITE	X(1)	B through J	CWF processing site
978	979	CWF-DISPOSITION(1)	X(2)		The disposition code sent back by the CWF with the current response.
980	986	CWF-DATE(1)	X(7)	CCYYDDD, <spaces>	The date of the CWF response.
987	990	CWF-ERROR(1,1)	X(4)		CWF (Common Working File) error codes returned on the CWF reply associated with the CWF disposition and date.
991	994	CWF-ERROR(1,2)	X(4)		
995	998	CWF-ERROR(1,3)	X(4)		
999	1002	CWF-ERROR(1,4)	X(4)		
1003	1004	CWF-DISPOSITION(2)	X(2)		The disposition code sent back by CWF with the current response.
1005	1011	CWF-DATE(2)	X(7)	CCYYDDD, <spaces>	The date of the CWF response.
1012	1015	CWF-ERROR(2,1)	X(4)		CWF (Common Working File) error codes returned on the CWF reply.
1016	1019	CWF-ERROR(2,2)	X(4)		
1020	1023	CWF-	X(4)		

Start	End	Field Name	Type	Length	Description
		ERROR(2,3)			
1024	1027	CWF-ERROR(2,4)	X(4)		
1028	1029	CWF-DISPOSITION(3)	X(2)		The disposition code sent back by the CWF with the current response.
1030	1036	CWF-DATE(3)	X(7)	CCYYDDD, <spaces>	The date of the CWF response.
1037	1040	CWF-ERROR(3,1)	X(4)		CWF (Common Working File) error codes returned on the CWF reply.
1041	1044	CWF-ERROR(3,2)	X(4)		
1045	1048	CWF-ERROR(3,3)	X(4)		
1049	1052	CWF-ERROR(3,4)	X(4)		
1053	1054	CWF-DISPOSITION(4)	X(2)		The disposition code sent back by the CWF with the current response.
1055	1061	CWF-DATE(4)	X(7)	CCYYDDD, <spaces>	The date of the CWF response.
1062	1065	CWF-ERROR(4,1)	X(4)		CWF (Common Working File) error codes returned on the CWF reply.
1066	1069	CWF-ERROR(4,2)	X(4)		CWF (Common Working File) error codes returned on the CWF reply.
1070	1073	CWF-ERROR(4,3)	X(4)		CWF (Common Working File) error codes returned on the CWF reply.
1074	1077	CWF-ERROR(4,4)	X(4)		CWF (Common Working File) error codes returned on the CWF reply.
1078	1078	CWF-APPROVAL-SW	X(1)	<spaces>, Y - posted	This field indicates whether the CMN has been posted to the CWF.
1079	1085	CWF-QUERY-DATE	X(7)	CCYYDDD, <spaces>	The date the claim was sent to the CWF.
1086	1086	CWF-CM-COUNTER	9(1)		Number of CMNs received from CWF
1087	1089	CWF-RENTAL-PAY-NUMBER	9(3)		Total number of rental payments CWF has on file.
1090	1098	CWF-RENTAL-PAY-AMOUNT	9(7)V99		Dollar amount of rental payments CWF has on file.
1099	1101	CWF-MED-NEC-LENGTH-HUCM	9(3)		The medical necessity length received from CWF
1102	1126	FILLER	X(25)		Filler
1127	1138	BENE-HICN	X(12)		Alphanumeric designation used to identify a Medicare beneficiary.
1139	1150	BENE-XREF-HICN	X(12)		Prior HICN used to identify a Medicare beneficiary
1151	1155	BENE-CARRIER	X(5)		A unique number used to identify the DMAC carrier in whose area the beneficiary resides.

Start	End	Field Name	Type	Length	Description
1156	1157	BENE-PRICING-STATE	X(2)		The state in which the beneficiary resides
1158	1159	BENE-PLACE-SERVICE	X(2)		Identifier of where the procedure was performed
1160	1166	BENE-EXAM-DATE	X(7)	CCYYDDD, <spaces>	Date the beneficiary was examined.
1167	1169	BENE-HEIGHT	X(3)		Beneficiary's height, in inches
1170	1172	BENE-WEIGHT	X(3)		Beneficiary's weight, in pounds
1173	1182	BENE-PHONE	X(10)		Telephone number of the beneficiary
1183	1194	BENE-XREF-HICN2	X(12)		Prior HICN used to identify a Medicare beneficiary
1195	1195	BENE-HICN-SW	X(1)	1 - HICN was changed <spaces> - HICN not changed	Indicates whether the beneficiary HICN was changed on an EMC claim.
1196	1200	BENE-PRICING-ZIP	X(5)		Beneficiary's zip code
1201	1205	BENE-CBA	X(5)	spaces allowed	Identifies the Competitive Bid Area the beneficiary resides in, if applicable
1206	1230	FILLER	X(25)		Filler
1231	1235	HCPCS-SUBMITTED-PROC	X(5)		Alphanumeric designation for the procedure performed or supply provided submitted on the claim.
1236	1237	HCPCS-SUBMITTED-MOD-1	X(2)		2 byte field, which gives additional information about a procedure/supplier.
1238	1239	HCPCS-SUBMITTED-MOD-2	X(2)		2 byte field, which gives additional information about a procedure/supplier.
1240	1244	HCPCS-APPROVED-PROC	X(5)		Alphanumeric designation for the procedure performed or supply provided. This may differ from the submitted HCPC.
1245	1246	HCPCS-APPROVED-MOD-1	X(2)		2 byte field, which gives additional information about a procedure/supplier. This may vary from the submitted modifier
1247	1248	HCPCS-APPROVED-MOD-2	X(2)		2 byte field, which gives additional information about a procedure/supplier. This may vary from the submitted modifier
1249	1250	HCPCS-PROCEDURE-CATEGORY	X(2)		Procedure category of the approved HCPCS.
1251	1252	HCPCS-RANGE(1)	X(2)		User-defined range of HCPCS with similar functionality
1253	1254	HCPCS-	X(2)		User-defined range of HCPCS with

Start	End	Field Name	Type	Length	Description
		RANGE(2)			similar functionality
1255	1256	HCPCS-RANGE(3)	X(2)		User-defined range of HCPCS with similar functionality
1257	1257	HCPCS-DMEPOS-CATEGORY	X(1)		Type of DME item to be provided.
1258	1258	HCPCS-TYPE-SERVICE	X(1)	0 - 9 and A	The type of service for the procedure or supply.
1259	1265	HCPCS-DIAGNOSIS(1)	X(7)		The illness or disability reason for needing the supply or procedure
1266	1272	HCPCS-DIAGNOSIS(2)	X(7)		The illness or disability reason for needing the supply or procedure
1273	1279	HCPCS-DIAGNOSIS(3)	X(7)		The illness or disability reason for needing the supply or procedure
1280	1286	HCPCS-DIAGNOSIS(4)	X(7)		The illness or disability reason for needing the supply or procedure
1287	1287	HCPCS-DIAG-IND (1)	X(1)	9 – ICD-9 Diagnosis Code 0 – ICD-10 Diagnosis Code	Shows whether the Diagnosis Code is ICD-9 or ICD-10.
1288	1288	HCPCS-DIAG-IND (2)	X(1)		Shows whether the Diagnosis Code is ICD-9 or ICD-10.
1289	1289	HCPCS-DIAG-IND (3)	X(1)		Shows whether the Diagnosis Code is ICD-9 or ICD-10.
1290	1290	HCPCS-DIAG-IND (4)	X(1)		Shows whether the Diagnosis Code is ICD-9 or ICD-10.
1291	1291	HCPCS-DOCUMENT-IND	X(1)	1 - In the mail 2 - Fax 3 - On file at provider's site 4 - On file at payer's site 5 - Certification record in this claim 6 - Narrative record included in this claim 9 - No documentation <spaces>	This field tells where the additional documentation for the claim is located.
1292	1292	HCPCS-MRUR-IND	X(1)	A - approved D - denied R - reviewed <spaces>	Action taken due to the medical review/utilization review
1293	1293	HCPCS-REPLACE-IND	X(1)	Y - replacement item N - not a replacement	Indicates whether the item on the CMN is a replacement item.

Start	End	Field Name	Type	Length	Description
1294	1294	HCPCS-PURCHASE-IND	X(1)	A - No response to purchase option, continue to make rental payments P - Purchase R - Rental <spaces>	Indicates whether the beneficiary has decided to purchase the supply for the CMN
1295	1301	HCPCS-PURCHASE-DATE	X(7)	CCYYDDD, <spaces>	Date the purchase of the supply was made on the CMN
1302	1389	FILLER	X(88)		Filler
1390	1399	PHYS-UPIN	X(10)		The Unique Physician Identification Number (UPIN) for the physician which is assigned by the Registry.
1400	1400	PHYS-TYPE	X(1)	0 - 8	This field is used to designate whether the provider/supplier is using their own, a group's or an employer's identification number for billing and procedure code processing.
1401	1410	PHYS-FIRST-NAME	X(10)	Special characters allowed	Name, address, and telephone number of the referring physician if available or defaults to DME MAC information
1411	1411	PHYS-INITIAL	X(1)	Special characters allowed	Name, address, and telephone number of the referring physician if available or defaults to DME MAC information
1412	1424	PHYS-LAST-NAME	X(13)	Special characters allowed	Name, address, and telephone number of the referring physician if available or defaults to DME MAC information
1425	1446	PHYS-ADDRESS-1	X(22)	Special characters allowed	Name, address, and telephone number of the referring physician if available or defaults to DME MAC information
1447	1468	PHYS-ADDRESS-2	X(22)	Special characters allowed	Name, address, and telephone number of the referring physician if available or defaults to DME MAC information
1469	1483	PHYS-CITY	X(15)	Special characters allowed	Name, address, and telephone number of the referring physician if available or defaults to DME MAC information
1484	1485	PHYS-STATE	X(2)	Special characters allowed	Name, address, and telephone number of the referring physician if available or defaults to DME MAC information
1486	1494	PHYS-ZIP	X(9)	Special characters allowed	Name, address, and telephone number of the referring physician if available or defaults to DME MAC information
1495	1504	PHYS-PHONE	X(10)	Special characters allowed	Name, address, and telephone number of the referring physician if available or defaults to DME MAC information
1505	1514	PHYS-UPIN-PREV	X(10)		Previous unique Physician Identification Number (UPIN) for the physician which is assigned by the

Start	End	Field Name	Type	Length	Description
					Registry.
1515	1524	PHYS-UPIN-NPI	X(10)		National Provider Identifier (NPI) is the standard identifier for all providers of Healthcare.
1525	1534	PHYS-UPIN-PREV-NPI	X(10)		Previous NPI for the provider
1535	1614	FILLER	X(80)		Filler
1615	1624	SUPPLIER-NSC	X(10)		The National Supplier Clearinghouse numerical designation for the supplier. This is also referred to as the provider number or supplier number.
1625	1631	SUPPLIER-DELIVERY-DATE	X(7)	CCYYDDD, <spaces>	The delivery date for the supply on the CMN
1632	1641	SUPPLIER-NSC-PREV	X(10)		Prior NSC numerical designation for the supplier
1642	1651	SUPPLIER-NSC-NPI	X(10)		National Provider Identifier for the supplier
1652	1661	SUPPLIER-NSC-PREV-NPI	X(10)		Prior National Provider Identifier for the supplier
1662	1671	CARRY-SUPPLIER-NSC	X(10)		Previous supplier not affiliated with the National Competitive Bid program.
1672	1678	CARRY-SUPPLIER-DATE	X(7)	CCYYDDD, <spaces>	Date the beneficiary switched to the National Competitive Bid program.
1679	1758	FILLER	X(80)		Filler
1759	1768	FACILITY-FIRST-NAME	X(10)	Special characters allowed	Skilled Nursing Facility name and address
1769	1769	FACILITY-INITIAL	X(1)	Special characters allowed	Skilled Nursing Facility name and address
1770	1782	FACILITY-LAST-NAME	X(13)	Special characters allowed	Skilled Nursing Facility name and address
1783	1804	FACILITY-ADDRESS-1	X(22)	Special characters allowed	Skilled Nursing Facility name and address
1805	1826	FACILITY-ADDRESS-2	X(22)	Special characters allowed	Skilled Nursing Facility name and address
1827	1841	FACILITY-CITY	X(15)	Special characters allowed	Skilled Nursing Facility name and address
1842	1843	FACILITY-STATE	X(2)	Special characters allowed	Skilled Nursing Facility name and address
1844	1852	FACILITY-ZIP	X(9)	Special characters allowed	Skilled Nursing Facility name and address
1853	1952	FILLER	X(100)		Filler
1953	1953	WARRANTY-IND	X(1)	Y - repairs covered N - repairs not	Indicates if repairs to a purchased item are covered under warranty.

Start	End	Field Name	Type	Length	Description
				covered	
1954	1956	WARRANTY-LENGTH	9(3)		Number of months a purchased item is covered under warranty.
1957	1057	WARRANTY-TYPE	X(1)	1 - Full replacement 2 - Pro rated 3 - Parts and labor 4 - Parts only <spaces>	Type of warranty purchased item is covered under.
1958	2007	FILLER	X(50)		Filler
2008	2020	PRIOR-AUTH-DCN	9(13)		This is the Document Control Number (DCN) in the Interactive Correspondence Online Reporting (ICOR) system that documents the request for authorization.
2021	2024	FILLER-IS-SPACES	X(4)		Filler
2025	2025	PRIOR-AUTH-IND	X(1)	D - Prior authorization approved N - Prior authorization not approved Y - Not approved due to development/need more info. <spaces>	This field indicates whether prior approval is needed before billing a procedure/supply.
2026	2028	PRIOR-AUTH-OPERID	X(3)	CNV - Generated from recert or revision CPY - Autocopy EMC - EMC SYS or *** - System <spaces>	Indicator of how the authorization was performed.
2029	2035	PRIOR-AUTH-DATE	X(7)	CCYYDDD, <spaces>	Date authorization was entered
2036	2134	FILLER	X(99)		Filler
2135	2135	QUESTION-REPLY-IND	X	Y - separate record for questions <spaces> - no question record	Indicates whether a CMN question set is tied to the CMN.
2136	2500	FILLER	X(365)		Filler

1.11 CLAIM MEDICAL NECESSITY QUESTIONS

Table 11: VMS Claim Medical Necessity Questions

Start	End	Field Name	Type	Length	Description

Start	End	Field Name	Type	Length	Description
1	25	IDR-REC-KEY	GROUP		IDR Record Key Group
1	5	IDR-REC-CARRIER	X(5)	16003, 17003, 18003, 19003	Unique identification number for each carrier
6	7	IDR-REC-PHASE	X(2)	2	Indicates which of the 3 phases in the IDR Life cycle the CMN is reported in. CMNs are only reported in Phase II.
8	8	IDR-REC-TYPE	X(1)	E	A single character value which identifies the type of records summarized for IDR.
9	23	IDR-REC-FULL-QCN	GROUP		Rec Full QCN Group
9	21	IDR-REC-QCN-BASE	X(13)		The first 13 digits of the Quality Control Number (QCN) consisting of the following information presented in the format CYYJJJTSSSSSSLL: C is the century of creation; specify 0 for 19xx or 1 for 20xx " YYJJJ is the date of creation in Julian (YYJJJ) format; specify five alphanumeric characters " T is the method or mode of creation " SSSSSS is sequencing with method or mode of creation; specify a value
22	23	IDR-REC-QCN-SEQ-NO	X(2)	00-99	The last two digits of the QCN presented in the following format CYYJJJTSSSSSSLL where LL is the level of revision or recertification available: specifically two digits from the range of 00 through 99.
24	25	IDR-REC-LINE	9(2)	0	Zero filled two byte placeholder to maintain consistency with related records
26	28	CMN-FORM	GROUP		CMN FORM GROUP
26	27	CMN-FORM-BASE	X(2)	01 - 10 and 48	This field gives the numerical designation for which question set must be completed for this Certificate of Medical Necessity (CMN).
28	28	CMN-FORM-SUFFIX	X(1)	A, B, C, D, E, 4, <space>	This is an indicator used to designate the Certificate of Medical Necessity (CMN) form to be used.
29	30	CMN-FORM-REV	X(2)		This field contains the version number of the CMN
31	524	CMN-QUESTION-REPLY-DATA	GROUP		CMN QUESTION REPLY GROUP There are separate question sets for each applicable DMEPOS category which can contain up to 30 questions and 3 narratives that correspond to CMN types. Documentation of each question set will be provided under separate cover. There is no correlation between the data field name and the question number.

Start	End	Field Name	Type	Length	Description
31	41	CMN-QR-DATA(1)	X(11)		
42	52	CMN-QR-DATA(2)	X(11)		
53	63	CMN-QR-DATA(3)	X(11)		
64	74	CMN-QR-DATA(4)	X(11)		
75	85	CMN-QR-DATA(5)	X(11)		
86	96	CMN-QR-DATA(6)	X(11)		
97	107	CMN-QR-DATA(7)	X(11)		
108	118	CMN-QR-DATA(8)	X(11)		
119	129	CMN-QR-DATA(9)	X(11)		
130	140	CMN-QR-DATA(10)	X(11)		
141	151	CMN-QR-DATA(11)	X(11)		
152	162	CMN-QR-DATA(12)	X(11)		
163	173	CMN-QR-DATA(13)	X(11)		
174	184	CMN-QR-DATA(14)	X(11)		
185	195	CMN-QR-DATA(15)	X(11)		
196	206	CMN-QR-DATA(16)	X(11)		
207	217	CMN-QR-DATA(17)	X(11)		
218	228	CMN-QR-DATA(18)	X(11)		
229	239	CMN-QR-DATA(19)	X(11)		
240	250	CMN-QR-DATA(20)	X(11)		
251	261	CMN-QR-DATA(21)	X(11)		
262	272	CMN-QR-DATA(22)	X(11)		
273	283	CMN-QR-DATA(23)	X(11)		
284	294	CMN-QR-DATA(24)	X(11)		

Start	End	Field Name	Type	Length	Description
295	305	CMN-QR-DATA(25)	X(11)		
306	316	CMN-QR-DATA(26)	X(11)		
317	327	CMN-QR-DATA(27)	X(11)		
328	338	CMN-QR-DATA(28)	X(11)		
339	349	CMN-QR-DATA(29)	X(11)		
350	360	CMN-QR-DATA(30)	X(11)		
361	385	CMN-QR-FACILITY-NAME	X(25	May contain special characters	Skilled nursing facility name
386	415	CMN-QR-FACILITY-ADDR	X(30)	May contain special characters	Skilled nursing facility address
416	435	CMN-QR-FACILITY-CITY	X(20)	May contain special characters	Skilled nursing facility city
436	449	CMN-QR-PRODUCT-NAME	X(14)		Name of product, used for PEN and Enteral supplies.
450	474	CMN-QR-NARRATIVE(1)	X(25)	May contain special characters	
475	499	CMN-QR-NARRATIVE-(2)	X(25)	May contain special characters	
500	524	CMN-QR-NARRATIVE (3)	X(25)	May contain special characters	
525	2500	FILLER	X(1876)		Filler

1.12 File Trailer Layout

Table 12: VMS File Trailer Layout

Start	End	Field Name	Type	Length	Description
1	25	IDR-REC-KEY	GROUP		IDR Record Key Group
1	5	IDR-REC-CARRIER	X(5)	16003, 17003, 18003, 19003	A unique five digit number used to identify each carrier.
6	7	IDR-REC-PHASE	X(2)	01, 02, 03	Indicates which of the 3 phases of the IDR Life cycle are reported in this file.
8	8	IDR-REC-TYPE	X(1)	Z - record trailer	Identifies the type of record summarized for IDR.

9	23	IDR-REC-FULL-CCN	GROUP		Full CCN Group
9	20	IDR-REC-CCN-BASE	X(12)	only spaces	The first 12 bytes of the full Claim Control Number (CCN). The number is in CYYJJJBBBBSS format where: C = century indicator YY = the last two digits of the year JJJ= Julian Date BBBB = Batch Number (0000 - 9999) SS = Sequence Number (00 - 99)
21	23	IDR-REC-CCN-TYPE	GROUP		CCN Type Group
21	21	CCN-SPLIT	X(1)	only spaces	Zero filled placeholder to maintain consistency with related records.
22	22	CCN-REPLICATE	X(1)	only spaces	Zero filled placeholder to maintain consistency with related records.
23	23	CCN-ADJUSTMENT	X(1)	only spaces	Zero filled placeholder to maintain consistency with related records. The 15th byte of the full CCN that indicates if the claim has been adjusted. A claim may be adjusted up to 9 times. Zero indicates the claim is not an adjustment.
24	25	IDR-REC-LINE	9(2)	'00'	Zero filled two byte placeholder to maintain consistency with related records.
26	32	EXTRACT-DATE	X(7)	CCYYDDD	The date the batch cycle is run (cycle date).
33	41	TOT-DETAIL-RECS	9(9)	0-999999999	Count of detail records written for this file during the IDR summarization process.
42	2500	FILLER	X(2459)		Filler

Attachment B: PROPOSED FILE HEADER AND TRAILER LAYOUTS

Table1: Proposed File Header Layout

Key: (X) The proposed field exists for the given shared system. (XX) The proposed field does not exist for the given shared system.

Colors on this document have no information value.

Proposed File Header Layout						Shared System		
SR	**Field Name**	**Field Type**	**Length**	**Value**	**Field Description**	**FISS**	**MCS**	**VMS**
1	SYSTEM IDENTIFIER	Char	3	"MCS", "VMS" or "FSS"	Used to differentiate whether the feed is for MCS, VMS or FISS.	(XX) New field required.	(X) Field: Contrac-tor Type Identifier. Recom-mend change: old value "B" to new value "MCS"	(XX) New field re-quired.
2	RECORD TYPE	Char	1	"H"	Identifies the record as file header record.	(XX) New field required.	(X) Field: Record Type Identifier. Recom-mend change: old value "HD" to new value "H"	(X) Field: IDR-REC-TYPE. Recom mend change: old value "A" to new value "H"

Key: (X) The proposed field exists for the given shared system. (XX) The proposed field does not exist for the given shared system.

Colors on this document have no information value.

Proposed File Header Layout						Shared System		
SR	**Field Name**	**Field Type**	**Length**	**Value**	**Field Description**	**FISS**	**MCS**	**VMS**
3	RECORD PHASE	Char	2	P1, P2, P3, CM, H1, H2, H3. and HC	Summarizes the content of the file. Daily Files: P1: Daily Phase I P2: Daily Phase II P3: Daily Phase III CM: Certificate of Medical Necessity History Files: H1: History Phase I H2: History Phase II H3: History Phase III HC: History file CMN	(XX) New field required.	(X) Field: Version Recommend change: old values "I, A, F, and C" to new values: "P1, P2, P3, and CH" for daily files and to "H1, H2, and H3" for history files."	(X) Field: IDR-REC-PHASE. Recommend change: old values "01, 02, 03" to values: "P1, P2, P3, and CM" for daily files and to "H1, H2, H3 and HC" for history files.
4	WORKLOAD ID	Char	5		Workload Identifier of the contractor/ carrier or legacy carrier number. For VMS, populate with MAC ID.	New field required.	(XX) New field required.	(X) Field: IDR-REC-CARRIER

Key: (X) The proposed field exists for the given shared system. (XX) The proposed field does not exist for the given shared system.

Colors on this document have no information value.

Proposed File Header Layout						Shared System		
SR	**Field Name**	**Field Type**	**Length**	**Value**	**Field Description**	**FISS**	**MCS**	**VMS**
5	MAC ID	Char	5		MAC Identifier of the contractor/ carrier.	(XX) New field required.	(XX) New field required.	(XX) Note: Workload ID and MAC ID are the same for VMS. This field can have spaces.
6	EXTRACT CYCLE DATE	CCYYMMDD	8		Date the batch cycle is run (CYCLE-DATE).	(XX) New field required.	(X) Field: Record Date. Note: date the batch cycle is run.	(X) Field: EXTRACT-DATE
7	FILE TYPE	Char	1	H - History D - Daily R – Replacement (for EDC use only)	Indicator used to identify the file as a history, daily or replacement file.	(XX) New field required.	(XX) New field required.	(XX) New field required.
8	REPLACEMENT CREATE DATE	CCYYMMDD	8		Creation date if the file is a replacement file; otherwise, it will contain spaces.	(XX) New field required.	(XX) New field required.	(XX) New field required.

Key: (X) The proposed field exists for the given shared system. (XX) The proposed field does not exist for the given shared system.

Colors on this document have no information value.

Proposed File Header Layout						Shared System		
SR	**Field Name**	**Field Type**	**Length**	**Value**	**Field Description**	**FISS**	**MCS**	**VMS**
9	COPYBOOK VERSION	Num	8	Shared Systems Version ID	Copybook version number if available (e.g. copybook version 3 would read '00000003'). If the copybook version number is not available, this will hold the effective date of the copybook in CCYYMMDD format (e.g. effective date of February 1, 2011 would read 20110201).	(XX) New field required.	(XX) New field required.	(XX) New field required.

Table2: Proposed File Trailer Layout

Key: (X) The proposed field exists for the given shared system. (XX) The proposed field does not exist for the given shared system.

Colors on this document have no information value.

Proposed File Trailer Layout						Shared System		
SR	**Field Name**	**Field Type**	**Length**	**Value**	**Field Description**	**FISS**	**MCS**	**VMS**
1	SYSTEM IDENTIFIER	Char	3	"MCS", "VMS" or "FSS"	Used to differenti-ate whether the feed is for MCS, VMS, or FISS.	(XX) New field required.	(X) Field: Contractor Type Identifier. Recom-mend change: old value “B” to new value “MCS”	(XX) New field required.
2	RECORD TYPE	Char	1	"T"	Identifies the record as file trailer record.	(XX) New field required.	(X) Field: Record Type Identifier. Recommend change: old value “TR” to new value “T”	(X) Field: IDR-REC-TYPE. Recommend change: old value “Z” to new value “T”

Key: (X) The proposed field exists for the given shared system. (XX) The proposed field does not exist for the given shared system.

Colors on this document have no information value.

Proposed File Trailer Layout						Shared System		
SR	**Field Name**	**Field Type**	**Length**	**Value**	**Field Description**	**FISS**	**MCS**	**VMS**
3	RECORD PHASE	Char	2	P1, P2, P3, CM, H1, H2, H3. and HC	Summar-izes the content of the file. Daily Files: P1: Daily Phase I P2: Daily Phase II P3: Daily Phase III CM: Certificate of Medical Necessity History Files: H1: History Phase I H2: History Phase II H3: History Phase III HC: History file CMN	(XX) New field required.	(X) Field: Version Recom-mend change: old values "I, A, F, and C" to new values: "P1, P2, P3, and CH" for daily files and to "H1, H2, and H3" for history files."	(X) Field: IDR-REC-PHASE. Recom-mend change: old values "01, 02, 03" to values: "P1, P2, P3, and CM" for daily files and to "H1, H2, H3 and HC" for history files.

Key: (X) The proposed field exists for the given shared system. (XX) The proposed field does not exist for the given shared system.

Colors on this document have no information value.

Proposed File Trailer Layout						Shared System		
SR	**Field Name**	**Field Type**	**Length**	**Value**	**Field Description**	**FISS**	**MCS**	**VMS**
4	WORKLOAD ID	Char	5		Workload Identifier of the contractor / carrier or legacy carrier ID. For VMS, populate with MAC ID.	(XX) New field required.	(XX) New field required.	(X) Field: IDR-REC-CARRIER
5	MAC ID	Char	5		MAC Identifier of the contractor/ carrier.	(XX) New field required.	(XX) New field required.	(XX) Note: Workload ID and MAC ID are the same for VMS. This field can have spaces.
6	FILE TYPE	Char	1	H- History D - Daily R- Replacement	Indicator used to identify the file as a history, daily or replacement file.	(XX)New field required.	(XX) New field required.	(XX) New field required.
7	FILE RECORD TOTAL	NUM	9		Total records in the file, including header and trailer (1).	(XX) New field required.	(X) Field: RECORD COUNT	(XX) New field required.
8	CLAIM TOTAL	NUM	9		Total count of claims included in the file.	(XX) New field required.	(X) Field: Claim Count	(XX) New field required.

Key: (X) The proposed field exists for the given shared system. (XX) The proposed field does not exist for the given shared system.

Colors on this document have no information value.

Proposed File Trailer Layout						Shared System		
SR	**Field Name**	**Field Type**	**Length**	**Value**	**Field Description**	**FISS**	**MCS**	**VMS**
9	CLAIM LINE TOTAL	NUM	9		Total count of claim lines included in the file.	(XX) New field required.	(XX) New field required.	(X) Field: TOT-DETAIL-RECS

(1) Count one for the claim header and one for each claim line.